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THE

Kansas Medical Index

VOLÚME IV.

F. F. DICKMAN, M. D.,



FROM JANUARY 1, 1883 TO JANUARY 1, 1884

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"Independent in All Things, Neutral in Nothing."

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. No. 1.

PRIGINAL COMMUNICATIONS.

A NOTE ON A FORM OF TONSOLITIS, VUL-GARLY CALLED "DIPHTHERIA."

BY W. H. BUCHMAN, CARBONDALE, KANSAS.

During the winter of 1881—82 there happened in this vicinity a very considerable number of deaths from a so-called "diphtheria." Coming upon the facts and reports, some few months after the events, and having collected as far as possible the various accounts of all cases obtainable and reliable, and also having seen a considerable number of cases of the same kind here this winter, it has seemed good to me to place the same before the profession, not for the sake of telling them anything to them unknown, but for the sake of obtaining for the profession, and for their patients, a more realizing sense of the origin of the trouble and of its dangers and its treatment.

Whether there be or there be not a disease diphtheria, or whether the name really belongs to all troubles producing false membranes, or indeed if membranous laryngitis and pharyngitis are all parts of the same trouble, is of no

consequence, but the question which is of consequence is this: "Are there two troubles affecting the throat, unlike in malignancy, in seat, in tendency and nature, one contagious and propagated by direct infection, the other epidemic or sporadic; one an affection of the throat and pharynx and the other a constitutional trouble that attacks various organs at its own pleasure; or is there only one, a disease depending for its disastrous results on the condition of the victim, the surroundings and the treatment? Can it be that errors of judgment in physicians and friends have at times caused unfortunates to pay but too great a price for their experience?

It is the story of the dispute as to the nature of the venerial poisons, and like in this case, each party disputing steadfastly pretends to its own infallibility.

Let us at first ask what is contagiousness in a general way, and then answer it briefly as need be. Is it an original and peculiar property inherent in the discharges of certain sores, or is all pus contagious? That pus is in a certain sense contagious and innoculable there is no doubt, nay, more, that the pus of irritated wounds is anti-innoculable, that the pus of mucous surfaces will inflame another mucous surface, while it is harmless to another epithelial one; that the pus of the acute abscess produces an acute abscess, and the fluid exudate of an irritation will convey the effects of that irritation far and wide. This is no simple surmise, but a fact open to every day verification.

The doctrine of the contagious malignancy of the diphtheritic fever consists in this, a certain entity capable of producing the disease is produced in each body as it becomes the disease's habitat. This explanation rests chiefly on such cases as those recorded in the lectures of Sir. T. Watson on "Practice."

This great writer and teacher (and the world has produced few greater ones than he) regards diphtheria as a distinct pathological entity, and says: "The proper place for

diphtheria in any methodical nosology would be among the specific fevers, but I take it up here (among diseases of the air passages, W. H. B.) for the sake of comparing it with other diseases, which it more or less resembles, and of stating and considering the conflicting views that have been held concerning it."—Vol. 1, page 860. Yet in spite of this statement the learned doctor confounds as different states of the same disease, conditions which, unless many other observers are at fault, have no such relation. "At first the white membrane may be easily detached and the subjacent mucous membrane, except that its epithelial membrane is gone, is apparently healthy, but by degrees as the exudation grows thicker and more tough it dips deeper also." Same page and again he says, "Its local, or what are sometimes called its anatomical characters, are of this kind. has the primary form of a sore throat. If you look into the fauces of a patient who has this disorder upon him you will usually see the tonsils, uvula, velum palati and pharynx of a dusky red color, and that in one or more places they present a white or gray colored patch of exudation from the affected surface, an albuminous exudation, which soon stiffens into a membranous form and may vary in consistency from that of a cream or paste to that of a kid glove."

To this, so graphic description, is no doubt due the notion that white exudates upon the throat surface mean, of necessity diphtheria. In the same book, pages 863—868 contain accounts of cases that tend to establish the contagious and infectious nature of the disease. But on page 868 is a statement which draws the hard and tast line between throat troubles, similating the diphtheritic exudation and the real disease. It is a useless expenditure of space to make these quotations at length, for, as the book is either in the hands of every practitioner, or in those of his next neighbor wherever a literary interest has reached, is always accessible. But this peculiarity may be expressed in one sentence, any abrasion becomes a focus for a diphtheritic deposit, and without this there is no proof of the disease,

Bosworth, "Diseases of the Throat," page 109, puts in juxtaposition the tabular diagnosis of the two most nearly related of these troubles. And on the preceding page he makes evident the distinction Sir T. W. missed. To his distinction another clinical fact may be added that in a violent gastro-aesophageal-pharyngitis a coat may be found that answers distinctly to the first described of Sir T. W's forms of the exudation, cutaneous exudate. One very marked case of this coat, produced by drinking "pepper tea" to procure a premature delivery, passed under my own eye.

In Wagner's "Manuel" a very careful discussion of the croupous, our diphtheritic exudates contained in pages 265 to 268, sets out at length the distinctions between them, and contains the following noticeable remark: "Most general is the bad habit of calling every inflamation of the throat with hyperaemia and yellow spots diphtheritis, as well as applying the term diphtheritis to totally different affections histologically."

Corvil and Ranvier, after discussing the diphtheritic and pseudo membranous inflammations at length, describe the local manifestations each by each, and in regard to the pharyngeal and laryngeal troubles, the descriptions follow E. Wagner's teachings. The degeneration of the cells is insisted on and the effect is fully stated. Such is the diphtheria of classic description, a constitutional disease of doubtful origin, of uncertain manifestation, and fearful malignancy; all agree in this, no matter how widely different are their ideas in relation to its other conditions.

But we have not described the local epidemic. This trouble was malignant enough in all conscience. From accounts received, about three-fourths of all the cases died. The air is full of the descriptions of the various shapes the trouble took and its various treatments, "but while the Senate deliberated Saguntum was taken." The idea was so fixed in the popular mind that the disease was diphtheria that no conscientious effort was really made to baffle it, and

in many cases the golden rule of Hyppocrates "at all events do no harm" was unquestionably disobeyed. Be this as it may, the winter brought anew the visitation, and seventeen cases identified as "the same as the diphtheria we had last year," and two doubtful ones have passed under my own care. These cases behaved much less like diphtheria than like tonsilitis of a very modified and severe form, and in spite of all precautions, ulceration added itself to the burden already sufficiently heavy.

All the cases seen began in one way, an intense fever, headache, an extreme lassitude and discomfort, bowels constipated and intense pain in the back were complained of.

An irritation of the throat was scarce noticed unless asked about, and when laryngoscopic examination was practicable an oedama was observable before any other change took place, this oedema rap.dly extended to the pharynx, and in about twenty-four hours the tonsils began to be puffy as if they also were oedamatous, but no changes took place in the larynx or periepiglottic tissues beyond the slight oedema.

This continued until the tonsillary infiltration became extreme, when white spots, answering to the mouths of the mucous follicles, showed themselves, and soon by extension over the surface, as it seemed, became confluent. The pharyngeal wall continued oedamatous but the swelling of the cryptular lips in the tonsil caused tetentica that sometimes produced sloughing and ulceration of the contiguous parts if treatment was not timely.

The false membrane was of the kind described by Wagner, contained an occasional pus-cell, many highly refractile bodies and many presenting appearances remarkably like the well known colloid cells. The contents of the crypts was only detritus, by carefully pressing them the contents could be expressed and the distension of the tonsil markedly relieved.

The membrane was at no time so adherent but that it could be wiped off by absorbent cotton wound around a probe.

In many (7) cases both tonsils were affected simultaneously, in others consecutively. The treatment that proves useful in ulcerative tonsilitis, iron, glycerine, iodine, &c., were employed, and with satisfactory results, although the treatment was at times tedious, but by dislodging the contents of the crypts the tonsillar inflammation was effectually and rapidly allayed.

For the purpose of making the real nature of the trouble obvious, the following table is offered. The attacks may be divided into four stages. A. Prodromic stage. B. Œdamatous stage. C. Coagulative or pseudo-membranous stage. D. Stage of Ulceration.

A. Prodromic stage.—Constitutional disturbance. Patient complains of a chill, followed by headache; has high fever, no appetite, and an intense lassitude seems to overpower the sufferer. All point to a great disturbance, but the constipation of the bowels is the usual explanation offered.

Throat symptoms. Tickling in the throat is complained of. There is a slight cough and other symptoms of irritation. Laryngoscopic examination shows redness and commencing oedema, which is confined to the peri epiglottic tissue, and such symptoms of irritation as would be expected are complained of.

B. Stage of Oedema.—Constitutional troubles. Fever increased and the usual accompaniments are met with. This stage is anatomical rather than ceirital, and the symptoms are but a trifle different from those of the last stage, pulse rapid, and a marked nervous excitement. Throat symptoms. An exceeding dryness of the fauces complained of during the first stage, is followed by a very intense secretion of a glary fluid from all parts of the buccal cavity. Torgue red and sore, usually much swollen, the epithelium seemed macerated, presenting same appearances seen after long laying under the cover-glass, when examined in the buccal fluids. Epithelium of the pharynx much swollen, and contained many highly refractile bodies that would not

absorb carmine. There were many cells in the exudate which, in the warm stage, showed many and various contractile changes.

C. Stage of Coagulation.—Fever subsides, but the prostration continues and an interference with the respiration shows itself. Face becomes bluish from deficient oxygenation. Respiration is hurried, but if questioned as to the seat of the trouble the sufferer denies that there is any stopage of the air in the larynx. The voice is altered, and deglutition becomes difficult, as the oedema hinders muscular action and fluids are discharged by the nose. The patient seems likewise much exhausted.

Throat symptoms. The saliva still contains motile cells, but the excessive secretion of the buccal glands diminishes and a granular detritus appears. Pus corpuscles are also seen and large numbers of unknown, but highly refractile bodies. Leptothrix buccalis becomes exceedingly abundant but the lingual epithelium regains its type. The coat of the tongue resembles that of gastric disturbance in many cases, and disappears and again returns.

Upon the pharyngeal wall appear a multitude of white spots, and by careful illumination the white spots may be seen with a magnifying glass to be depressions at the point of glandular insertion, and each one appears a little overlapped by a ring of oedematous tissue. The same appears on a larger scale in the tonsils. Under careful treatment the oedema disappears and the contents of the crypts is extruded, but if from the excessive violence of the distemper, or inefficient treatment, the oedema is not rapidly reduced, the stage of ulceration supervenes.

D. Stage of Ulceration.—Has all the symptom of a Septicaemia and requires a treatment well directed and energetic. Patients die mostly in this stage.

Throat Symptoms. Are in all points the analogues of the extended sloughs of superficial tissue elsewhere. The ulcers are all everted and consist simply of excavations left by the evacuation of the retained glandular contents. The

suppuration process is simply the natural result of the irritation produced by the retained secretion, just as in the lungs, acute tissue destruction is produced by caseatious pus. Immediately that the destructive process has evacuated the serum, the oedeum no longer keeps the lips swollen, and the simple abraded surface is the only remainder of the process if the ulceration process is then checked.

But if many contiguous gland mouths are inflamed and suppurate at once, the connective tissue between becomes involved and the inflammation becomes no longer that of a mucous follicle but of the submucous tissue. The immense number of lymph spaces in the tissue, and its easy drainage, seems to explain the rapid septic poisoning that follows on the supervention of the ulcerative process.

While diphtheria is so marked by contagions, this trouble was not communicated from child to child, but that it was epidemic was plain, from its course.

The marked difference between this disease and the classic diphtheria needs no painting. Anyone who has read, or has heard, an accurate and careful description of the diphtheritic fever, or has watched its course, requires no guidance to avoid confusing them.

The mistaken habit that many practitioners of medicine have of calling all diseases that they meet by names of terror, and the influence of patent medicine advertisements, is probably to blame for the panic here last year, which brought into contempt the denial, accurate and honest, of the only man who tried to stem the tide.

Those of your readers who are students need not be informed of the details of a treatment already sufficiently sketched, and those who are not, are advised to purchase the necessary books and instruments, read, mark, learn and inwardly digest the books, and use the instruments.

Leaving the question of the existence of the diphtheritic entity to the hand which, of all men's, has proved itself the one to handle it, and whose monograph is a monument of patient research, whatever one may think of his conclusions,

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—to Dr. Jacobi, of New York,—permit me to conclude with the sentence that heads this contribution, "A Note on a Form of Tonsilitis, vulgarly called Diphtheria."

STATE MEDICINE.

[By H. O. Hanawalt, M. D.]

That the State has the power to establish regulations to prevent disease, and to promote the health of her citizens, is no longer a question for argument. It has been irrevocably settled by all enlightened countries; and even half-civilized nations delegate authority intended to prevent the spread of fatal epidemics.

Sanitary science looks to the discovery and removal of the causes of all avoidable disease; of accidents to the citizen in public buildings, manufactories, on his travels, and in his own domicil. An individual does not usually consult his physician unless he is sick. So the commonwealth, save in the presence of an epidemic, is very slow to adopt prophylactic measures. The politicians and the public generally are profoundly ignorant of the vital importance of the most rigid sanitary regulations at all times. Could they have access to, and carefully analyze the statistics, as imperfect as those statistics are, they would be surprised into action most favorable to hygienic laws.

Let us refer briefly to those statistics. It is said that 100, 000 people annually die in the United States from causes clearly preventable. This would give to Kansas proportionately, about 2,000. 150,000 are confined to their beds from the same avoidable causes. Suppose a tangible, material enemy should enter our State, and proceed to quietly, slowly, but no less surely murder our citizens at the rate of 2,000 per year, and seriously wound 3,000 more. Would not measures at once be taken to capture and forever pre-

vent him from engaging in his murderous work? Or, failing in this, attempt to disable him to the greatest possible extent?

In these figures there is something of great interest to the legislator and political economist, as well as to the student and physician. Dr. Jarvis, in the fifth annual report of the Massachusetts State Board of Health, asserts that it can be shown that the pecumiary loss to the country on account of avoidable sickness and mortality is certainly over \$100,000,-000 annually, without including the direct expenditures of sickness. Divide this amount by fifty, as before, and we have the loss sustained by our own State. To this phase of the subject would we invite the investigation of him who would oppose a State Sanitary Board, and who always opposes proper sewerage plans, thorough drainage and pure water supply, on the ground of cost.

Just now a movement is being inaugurated, having as its object the establishment by the State, of a veterinary department, which shall investigate and improve the hygienic condition of our cattle. This is a commendable action, against which we would urge no objections, only embracing the opportunity to suggest that the pecuniary loss to the State is at least as great in the death of a citizen, as in the loss of a dumb brute.

The day is already dawning which shall give to etiology an impulse never before felt in the history of medicine. Such investigators as Virchow, Ferichs, Conheim, Cohn, Koch and others, have thrown a flood of light upon the causes of disease. All experiments and investigations within the past decade irresistibly point to the fact that in the prevention of disease lies the legitimate triumph of medicine.

What the State needs in the way of legislation is: First. A law to protect the people from imposition at the hands of grossly incompetent physicians,—a law which will, in the very near future at least, demand that every person practicing medicine in the State shall be in possession of a genuine

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diploma, issued by a legally chartered institution in good standing. It is evident that this is of the utmost importance, and in case a sanitary law be enacted, it is of peculiar value. Scattered all over the State there are numbers of self-styled doctors, whose statistics would be utterly valueless; or worse, because unreliable and misleading.

Second. A good sanitary law is imperatively demanded. At present all the measures which can be legally instituted to prevent sickness and death are under the law for the abatement of nuisances. We should know the number born every year. We should certainly know the exact number of deaths, and, so far as it is possible, the true cause of the same.

Children should not be granted the privileges of the public schools until successfully vaccinated. Cities should not only construct their streets, sewers and means of water supply in accordance with the best approved ideas of sanitary science, but should have the power to inspect and supervise the erection of all structures within the corporation, whether public or private. Were this power intelligently applied. we would have fewer and less fatal epidemics. There would be fewer accidents from conflagrations, tumbling walls, falling floors, and insufficient or defficient egress from public With a properly constituted Board of Health, every competent member of the faculty would be placed under tribute to increase the efficiency of sanitation for the whole State. The work of pertecting plans and methods best calculated to reach the end in view,-of educating and disciplining the profession, as well as the laity, would necessarily be slow, but from the very beginning we would be better able to limit the ravages of epidemic, contagious and infections diseases.

By reason of the immediate relation of the subject to our profession, we are properly expected to take the initiatory step, and we have taken it. We are all aware that the legislation of four years ago was decided unconstitutional. This winter we hope to see a superior measure become a law.

Superior not only in regulating the practice of medicine, but by reason of including a provision for a Board of Health, which was not provided for in the defunct law. That the measure will become a law there is no doubt, provided that the physicians do their duty. Though there is much work before the coming session, yet if the physicians have not been negligent, nearly every member should be cognizant of the provisions of the bill, and imbued with a sense of his duty in reference to it. These members are, as a rule, representatives of the highest intelligence, and though they may not have had their attention called to the importance of medical and sanitary legislation, yet if the subject be presented in its true light we think there are few who will fail to see the necessity of the measure. One obstacle to successful legislation on this subject is the diverse opinions held by physicians and others interested. That any one can have his ideal scheme in all its details perfected into a law, is perhaps impossible; but if a law exclude but a portion of the empiries and mountebanks, and reflect the advance of sanitary science but imperfectly, it were far better than nothing.

Galena, Ks., Jan. 3, 1883.

A VETERINARY SURGEON.

• Gov. Glick, in his inaugural message, recommends the appointment of a State Veterinary Surgeon, as an attache of the Agricultural department. That is right. Look after the diseases of cattle and hogs,—make laws to prevent the spreading of contagious diseases among them; but don't say a word in the same direction in regard to the human animal. This forcibly reminds us of a remark we once heard an old granger make who had just lost his wife. After dwelling on her many good qualities, he emphasized his remarks by the assertion: "I believe I would rather have lost my best cow."

Let small pox, scarlet fever, and other contagion spread, in many instances preventable by decent and efficient laws, and number its victims by the score. But take care of the pigs and cows.

THE

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., Fort Scott, Kansas, W. C. BOTELER, M. D., St. Joseph, Missouri, Editors.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department,

VOLUME IV.

As stated last month, with the present number we begin the fourth volume of our little publication. And while we can look back with some degree of satisfaction upon the past at the work and possible good accomplished, we in common with others are inspired by this very success achieved, and spurred on to renewed energetic efforts in the future, and to this end we resolve.

Journalistic work, while it has many pleasant features connected with it, does not always furnish a bed of roses. The editor who can tread its flowery paths without encountering an occasional thorn, would be the subject of envy, if he lived.

We have found the medical fraternity as readers, exceptionally lenient and considerate. With a few exceptions our shortcomings have been overlooked and excused, for all

of which we feel grateful. Such shortcomings have been many, but in nearly every instance were beyond our power to remedy or avert.

As will be seen elsewhere, we have effected an arrangement whereby what has been known as the Missouri Valley Medical Monthly has been consolidated with the Index, and the two combined journals will be published simultaneously at Fort Scott, Kansas, and St. Joseph, Mo., under the name of The Kansas and Missouri Valley Medical Index, by the publisher of the Index, with Dr. Boteler, of St. Joseph, as joint editor. This arrangement will, we think, be advantageous in more ways than one. We have long felt the need of a capable assistant or co-worker, as well as a representative in the Missouri valley, both of which we secure by this The unexpired subscriptions of the Missouri arrangement. Valley Medical Monthly will be filled by the joint publica-Advertisers will receive the benefit of the joint circulation of both journals.

The local Medical Press, properly conducted, can be made very useful, and, as the lamented John T. Hodges once told the writer, has its legitimate sphere in medical literature, the sneers of some metropolitan journals notwithstanding.

In the first place it furnishes or should furnish in a small compass, all the news and material progress which is constantly being made in the medical world. Secondly it should be the means of preserving and putting on record the opinions of the country or village physician or surgeon as he meets his cases in private life, and under more favorable hygienic circumstances,—altogether different from that of his brother physicians' experience in large metropolitan hospitals. And lastly, and not the least, its mission should be to look after the material wellfare of the profession. We called attention to this matter in an early issue, and have repeatedly since advocated measures and means for the relief of abuses which exist. We may mention the creation of a State Board of Health; the regulation of the

practice of medicine; the absence of suitable provisions for a fee in giving expert testimony, and other points of interest to the profession. The advocation of such measures is our legitimate province and work.

Sanitation is beginning to attract the attention of the public more, and it is both meet and proper that the physician take the lead in this matter. In fact he is by virtue of his legitimate calling the sanitary officer of the family under his care and the county in which he lives. A local medical publication can be utilized to a great extent in disseminating knowledge on those points. Our country is new, and the local special causes productive of diseases must be the study of the local physician and surgeon. Many a knotty problem and point in dispute will finally have to be settled by the country doctor, as instances the method and danger of contagion in infectious diseases can best be studied in the country where the epidemics are few and far between, and the probable method of contagion can be more surely ascertained. Take for instance diphthe-A common impression largely prevalent, and due in a great measure to the teaching of J. Lewis Smith, is that the contagion is limited to the immediate vicinity of the room of the patient, and that it cannot be conveyed or spread by a third person. We have been thoroughly convinced for some time that this was a dangerous doctrine to teach, as the proper relation between diphtheria and scarlatina have not as yet been established, and as it is well known that the latter can be so conveyed. Further, but recently an instance was brought to our notice where the contagion was undoubtedly conveyed fifty miles through an open country, and poisoned a family in an isolated neighborhood where the disease had never been before. We simply cite this as an instance of the value of observation in the country as well as in the city.

All honor to the man who works so assiduously with the microscope. But the general practitioner can do his part equally important in the direction indicated. Let us then

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all be active and untiring, each adding his mite—as he is in duty bound by having been benefitted by the observer gone before him, to the general fund of knowledge.

PROPOSED PROFESSIONAL LEGISLATION.

A law to regulate the practice of pharmacy, and one to regulate the practice of dentistry, have already been introduced into the House and Senate, and one to create a State Board of Health, and regulate the practice of medicine and surgery will be introduced soon, so we are informed by the chairman of the committee. The proposed bill in substance is one reported by Dr. Schenks to the State Medical Society last May, and published in the Index for July. We have no data at hand whereby to judge what is thought to be accomplished by the first two measures, but have no doubt but what there is room for legislative enactments-The Health Board Bill should receive prompt and decided attention. The prevalence of small pox in the south east corner of the State, at Ottawa, Great Bend, and doubtless at other places, requires judicious supervision and management to circumscribe it. We again remind our reader. "Call the attention of your representative in the legislature to this matter, and secure their agreement."

LITERARY NOTES.

THE NEW YORK MEDICAL JOURNAL.—Our readers will be pleased to learn that this sterling publication has been changed to a weekly, and will hereafter appear every Friday. Always noted for its sterling worth, its comprehensive reports on the progress of medicine, surgery and the allied sciences, its visits will be more appreciated, as they will occur at more frequent intervals. Subscription \$5.00 per annum. D. Appleton & Co., Publishers, N. Y

THE SANITARIAN.

—Devoted to the preservation of health and physical culture.

Like the preceding, this excellent publication has been changed to a weekly, and none are more welcome to our sanctum. It is edited by Dr. Bell, with a number of well-known sanitarians as co-laborers. Subscription \$4.00 per annum. Published at 113 Fulton St., N. Y. P. O. Box 2156.

THE NEW ERA AND SANITARIAN.—We are in receipt of the initial number of the New Era and Sanitarian, published at Kansas City, Mo., by Dr. A. L. Chapman, and devoted to sanitary science. It presents a handsome appearance, and is replete with good things. We take pleasure in welcoming it to our sanctum, and placing it on our exchange list.

Among our exchanges we always prized highly the Michigan Medical News, and were sorry to hear of its demise. But as age increases the news, we rejoice in this second birth, and are glad to see that Dr. Mulheron still remains at the helm. The Age is published by Geo. S. Davis, Detroit, Michigan.

The Chicago Medical Review having been purchased by Messrs J. H. Chambers & Co., will hereafter appear simultaneously at Chicago and St. Louis, as a weekly, to be known as Chambers' Weekly Medical Review.

The Busy Practitioner's Visiting List, Clinical Aid and Pocket Ledger is published by Geo. S. Davis, Detroit Michigan. Among the many of these little books, each has its distinct features to command notice, and this is not an exception.—We refer to the Clinical Aid. It not infrequently becomes desirable to note the temperature, pulse and respiration, and to be able to do so at the bedside in a conve-

niently arranged form, is very handy. Another feature of this book is its cash account; daily charges and credits on opposite pages.

New York has a society for the relief of widows and orphans of medical men. It, at its last statement, showed a balance in its treasury of \$25,742. It extended aid to thirteen widows and four children of diseased members during the year.

The celebrated Prof. Frederichs, in Heidelberg, died on Nev. 6. Best among his works was one on progressive muscular atrophy.

Dr. Formad has repudiated his former assertion in toto, with reference to the vactina producing diphtheria. He found that after washing them in warm water they were perfectly innocent. A powerful argument for the use of plenty of water.

Sir Thomas Watson, physician-ordinary to the Queen died during last month. He is best known in this country by his work on Practice. Born in 1792, he was in his 90th year.

CHRONIC INSANE.—The care of these unfortunates seems to be a problem to solve by New York State and Kingston county, as well as Kansas. Dr. Agnew, in the Record, recommends colonization as the only relief.

A case of Peritonitis in a child nine days old was recently reported to the New York Pathological Society, accompanied by the speciman, by Prof. Lewis Smith. The child was a foundling, and wet nursed at the hospital. Vomiting was not pronounced, and the alvine evacuations were regular. The curator was astonished to find general Peritonitis at the autopsy.

Prof. Joseph D. Bryant, of Bellevue Hospital medical College has been appointed Surgeon-General of the State of New York. A well-deserved compliment.

A convenient and delicate test for Albumen is suggested by Dr. Abbott, of Minneapolis, as follows: Pour a few drops of urine gently down the inside of a glass vessel, continuing aciduluted water at the boiling point. If Albumen be present, a more or less dense cloud will form just at the dividing line between the fluid tested and the clear water above.

Dr. J. T. Updegraff, Member of Congress from the Steubenville, Ohio, district, died recently in his 60th year. He'was a graduate of the University of Pennsylvania.

A Word of Caution.—Mr. Lewis Genosis, a skillful pharmacist and chemist of the well-known house of Wyeth Bros., of Philadelphia, in a communication to the College and Clinical Record, calls attention to the changes in the new Pharmacopia. For instance the active strength of opium in acetate of opium has been decreased 38 per cent., while that of tincture of opium has been increased about 11 per cent., so that 25 minims of the new are equal to 38 minims of the old. The amount of quinine in 100 parts by weight in the citrate of quinine and iron, has been decreased from 16 per cent. to 12 per cent., and so on. Physicians and druggists should bear this in mind when ordering or dispensing these drugs, or serious mistakes might happen.

STATE BOARD OF HEALTH FOR MISSOURI.—At the last annual session of the Missouri State Medical Society, a committee consisting of Drs. Allen, of Liberty, King, of Sedalia, Donovan, of St. Joseph, Young, of Jefferson City, Brent, of Tipton, and Hurst, of St. Louis, was appointed to go to Jefferson City during the present winter, and endeavor to secure an act to create a State Board of Health, with power to regulate the practice of medicine. The committee is at

Jefferson City now, and, we understand, has strong hopes of succeeding. Missouri, as well as Kansas, is among the eight States of the Union which have not as yet a State Board of Health.

The reader is reminded that the subscription for 1883 is now due, and should be remitted promptly to avoid delay. Such as have not remitted for last year had better send both subscriptions at the same time and avoid extra expense. Remember it takes money to pay the printer. No chromos this year.

Address to F. F. Dickman, P. O. Box 1208, Fort Scott, Kansas.

Inhalation of alcohol in croupal diphtheria was tried in a case by Dr. Meisneiner, of Bluffton, Ind. He saw the case on the third day. All other measures failing to give relief to the impending suffocation, he resorted to the inhalation of hot alcohol with some immediate relief and final recovery.

Society Proceedings.

SOUTH-EAST KANSAS DISTRICT MEDICAL SO-CIETY

PLEASANTON, KANSAS, Jan. 4, 1883.

The Society was called to order at 3 o'clock, p. m., by Dr. C. P. Lee, President, in the chair. Minutes of previous meeting read and approved.

In the absence of the Secretary, Dr. Miller was appointed temporary Secretary.

The roll was called, and Drs. Scholl, Lee, Hanawalt, Coryall, Britton and Miller were present.

The members of the Board of Censor's being absent, the President appointed the following gentlemen: Drs. Hanawalt, Scholl and Coryall.

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Drs. R. G. Mendenhall and S. B. Divellbliss, of La Cygne, Dr. I. N. Schell, of Mound City, and Dr. W. F. Dallas, of Cadmus, were nominated for membership. On motion the Secretary was directed to cast a favorable ballot.

Dr. Hanawalt read a paper on "State Medicine," which on motion was accepted by the society, and directed to be published in the Kansas Medical Index. The paper was discussed at some length by Drs. Peare, Britton, Dallas, Scholl, Hanawalt, Coryall and Scholl.

Charges and specifications charging Dr. W. S. Newlon, of Oswego, Labette Co., Kansas, with violation of the code of ethics, inasmuch as he ended a secret nostrum. The charges were referred to the Board of Censors.

Adjourned to meet at 7-30 P. M.

Evening session met at 7-30 P. M., and was called to order by the President.

The Chair appointed as Committee on Nomination, Drs. Hanawalt, Scholl and Britton.

A report from the Board of Censors was then read on the case of Dr. W. S. Newlon. The Board found him guilty of the charges, and recommended his expulsion from the Society. On motion, Dr. Newlon was declared expelled.

By request, Dr. Britton read a detailed account of a case occurring in his practice, wherein the patient was affected by screw worms in the nasal cavity. Dr. Hanawalt narrated a case of the same disease. The subject was discussed by Drs. Peare, Coryall and the author.

Galena was selected as the next place of meeting, and the last Thursday in June as the time.

The Secretary was instructed to notify all members of special committees at least four weeks before the time fixed for the meeting.

On motion, adjourned to meet at 9 A. M., Jan. 5, 1883. GEO. W. MILLER, Secretary.

Morning session met at 9 A. M., and was called to order by the President, C. P. Lee.

On motion, Dr. Coryall acted as temporary Secretary.

Report of Nominating Committee as follows:

OFFICERS FOR 1883.

President, Geo. W. Miller. Girard; Vice President, J. H. Baxter, Columbus; Secretary and Treasurer, F. F. Dickman, Fort Scott; Board of Censors, R. J. Peare, Pleasanton, R. Aikman, Fort Scott, G. W. Scholl, Girard.

REGULAR COMMITTEES.

Practical Medicine, A. L. Fulton, Uniontown. Obstetrics, J. B. Britton, Mapleton. Surgery, G. R. Baldwin, Fort Scott.

SPECIAL COMMITTEES.

Continued Fevers, C. E. Steadman, Osage Mission. Diseases of Children, W. H. Belt, Oswego. Uterine Displacements, G. W. Scholl, Girard. Orthopedic Surgery, J. M. Kleiser, Parsons. Diseases of the Eye, Geo. W. Miller, Girard. Cholera Infantum, I. N. Schell, Mound City. Diphtheria, M. Coryall, Fort Scott. Phsycological Therapeutics, R. J. Peare, Pleasanton. Dysentery, J. S. Cummings.

Board of Censors.—Drs. Peare, Aikman and Scholl.

Dr. Hanawalt reported the use of the Syrup of Yerba Santa to disguise the taste of quinine in solution, which he says is the best disguise of the quinine he has ever used.

President C. P. Lee read a Valedictory Address on "Mankind in General."

On motion a committee of three was appointed on Valedictory, said committee to consist of Drs. Hanawalt, Britton and Schell.

On motion resolutions of condolence with Dr. Dickman, on the death of his child, were passed.

Received dues and fees, \$9.50.

SELECTIONS.

THE VALUE OF VACCINATION, AS ILLUSTRATED BY A RECORD OF TWO THOUSAND CASES.

[By E. A. Mundorff, M. D.]

In the districts of the city assigned to the care of the writer, as one of the corps of the vaccine physicians set on foot some time ago by the Board of Health, are situated extensive ranges of tenement houses occupied by mill-men and their families, dwelling together in a crowded state, and by virtue of that state deprived of such natural sources of protection against contagion as pure air, personal cleanliness and purified surroundings. The general inference of medical men at all familiar with the sanitary condition of these rows was decisive on one point, that they lay dangerously open to the invasion of the disease, if the epidemic got fairly under way. Some time afterward the fears expressed about these rows came to be verified, for the smallpox broke out in them in an alarming manner. Vaccination, as a preventive means, was then enforced on all individuals living in them who, upon inspection, were found to be without satisfactory signs of non-susceptibility. Upon completion of the work, most striking and instructive was the result; the health officer of the district did not find occasion to hang up, afterward, a single smallpox symbol over the doors of the people thus protected. Twelve months after this date three cases were reported as occurring, it is true, in one of the minor blocks of buildings that belonged to the general group. but investigation proved that none of these three cases had been previously vaccinated by the writer, while one of them afforded a curious illustration of the possibility of a secondary and fatal smallpox.

Five hundred individuals, hailing from various infected neighborhoods, were taken, without special regard to age,

sex, previous or present condition of health, and vaccinated successfully, with four well-defined marks each, and then set apart for careful study and observation. They represented, as a body, the needy and humble classes of our city population, which embraces, even during most prosperous periods, an undue proportion of the ill-clad, ill-sheltered and illcared-for. It is to the writer's purpose to state here that this number of persons presented themselves for vaccination at his office, under an impression of imminent danger from the increasing cases of disease springing up in their midst. Four marks were made on each person, in order that light might be cast on the agitated question of sequelæ, and that the specific value of multiple vaccination might be determined. Every man, woman and child belonging to this group of successful vaccination, after the method just indicated, passed through the epidemic safely.

One hundred and six persens whose vaccination fell short of attaining the necessary degree of excellence, failing outright after repeated trials, failure due in part to defectively prepared quills, were kept under observation at the same time. Of this number twenty-one were assailed with smallpox, and five of the number perished.

During the same period another group composed of twelve hundred individuals, coming as did the former two bodies, from around and about centres of infection, were put successfully under the conserving process, multiple vaccination, as a rule, being adopted, and also kept under careful personal inspection. Like the number before referred to, they represented, largely, the indigent classes of society, caring little for the predisposing causes of epidemics and the observance of sanitary precautions against them, and much about their penalties when trifled with. Many individuals pertaining to this group were engaged, after vaccination, in attending to their kindred lying prostrate with the malady at home; others again, trusting to the efficacy of their vaccine marks, faced fearlessly seeming danger, by visiting, daily, sick friends abroad. Yet, strange to relate, every person belonging to this great group escaped.

Strong as the evidence thus revealed by these separate sets of numbers in favor of vaccination is, stronger still is the evidence revealed by the entire aggregate number of two thousand timely and successful vaccinations, when contrasted with the untimely and otherwise unsuccessful one hun-While the moral to be drawn from the latter dred and six. class of individuals fittingly illustrates the negative value of anti-vaccinism, terminating with little or no sick rate, and, in consequence, no mortality. But in order that the statements here set forth may be fully understood as having not only a special, but also a general application against the views advanced by the anti-vaccinists, the writer would say, at the risk of needless repetition, that in the sum total of over two thousand vaccinations now put on record, not a single case of death from smallpox occurred, nor even of modified smallpox; neither did we observe in any vaccinated case, permanent injury to health. Surely, then, does vaccination fail to prevent?

That the evidence thus deduced from personal inquiry may not be carelessly shorn of its value, on the assumption, as some contend, of wholesale immunity to the disease, due alone to natural causes, an assumption, however, much more difficult for its friends to sustain than it would be for its enemies to get rid of, it is necessary to add that the portion of the city wherein these vaccinated people reside, returns a death rate, from infectious diseases, ranging from two to twelve per cent. higher than that of the old city proper, a death rate easily verified by consultation of the carefully tabulated reports of the Board of Health, running back through the last decade.—Pittsburg Medical Journal, Nov. 1882.

ON THE RELATIONS BETWEEN ASTHMA AND MUCOUS POLYPS OF THE NOSE.

M. Joal has just published in the Archives Generales de Medicine, an interesting article upon a point but little known, concerning the etiology of asthma. From a peru-

sal of this article it would appear that the relations which may exist between a chronic alteration seated in the nasal fossæ, and the appearance of attacks of nervous dyspnæa, as manifestations of cause and effect, have been observed or suspected by but few physicians.

The author details eleven cases, personal to himself, in which he has observed the disappearance of the asthmatic attacks immediately after removal of the polyps. These results, he argues, demonstrate the pathological role which must be accorded mucous polyps of the nose, in the production of attacks of dyspnæa. In some cases the suffocative attacks disappeared, only to return as soon as the nasal respiration became affected by the renewal of the polyps.

The relation of these cases occupy the first part of the article. In the second, the author seeks the primary cause. He shows us that his patients were all of marked gouty constitution, and that the mucous polyps, which may be innocent in some individuals, play, in others, a role, occasional without doubt, but powerful, in the causation of nervous respiratory troubles.

The third part is devoted to the physiological pathology of the subject. The author concludes that the polyps, by their pressure, irritate the nasal mucous membrane, determining, at intervals, a reflex action, which culminates in spasms of the muscles of respiration. The author believes that as a general rule, thorough examinations of the nasal fossæ should be made in all patients suffering from asthma, and presenting at the same time, evidences of pituitary troubles. If polyps exist, they should be removed, preferably by the galvano-cautery. The opperation is painless, without hemorrhage, and the vegetations do not recur.

The author sums up as follows:---

- 1. Mucous polyps of the nose sometimes occasion dyspnœ of asthmatic character.
 - 2. This symptom is observed chiefly in gouty subjects.
- 3. It is generally caused by a reflex action, consecutive to irritation of the nasal mucous membrane.



- 4. The excitement may originate in the sensitive filaments of the pneumogastric, which line the pharyngeal and bronchial mucous membrane.
- 5. Asthma may be developed by catarrhal and emphysematous lesions attributable to polyps of the nose.
- 6. Asthmatic symptoms disappear after the removal of the polyps.

AVINA SATIVA (Common Oat.)

Some Eastern savant having discovered the common oat as a cure in the opium habit, it becomes desirable that the profession should understand the physiological importance of the new drug. A contributor to the Therapeutic Gazette has undertaken the task. Here it is:

* * * "Experiment 1. A kitten; female; variety, Maltese; weight, 3 lbs; had been weaned for a week, and was the pet of the tamily. Gave at 9 a. m., per orem, 10 minims tr. avena sativa. 9:30, kitten very lively and disposed to undue familiarity. 10, imbued with very equine instincts and made several very highly mettled circuits of the room, rearing repeatedly on its hinder extremeties, due probably to the action of the avena sativa upon the ganglionic system. 11, kitten turned out to pasture.

"Experiment 2. Dog; male; variety, cur; weight 20 lbs; age, three years; pedigree uncertain. Injected one drachm tr. avena sativa subcutaneously at 3 p. m. Let it suffice without entering into monotonous detail that the effect on the canine nature was very similar to that on the feline, it also being gradually transmogrified into the equine.

"Experiment 3. Horse; male; color, bay; height, 14 hands; speed, seven minutes, with running mate; diet had always been oats, with the addition of rawhide as a stimulant. Gave tr. av. sativ. 3 xij in bran mash, at 10 a. m. Matched him at 3 p. m. for three heats in a race against noted flyers. Time 2:16, 2:15½, 2:14. Money raked in at the pools \$4,210."

The above results are remarkable, and we take occasion to observe that a dose of avina sativa should be administered to slow paying patients, and the results duly recorded.

MEDICAL EXPERT TESTIMONY.

It is doubtful if a physician is ever placed at greater disadvantage before the public than when occupying the witness-stand as an expert. His audience is usually critical and exacting, and and lack of dogmatism and promptness in his testimony is usually attributed to imperfect and inexact information upon his part. The fact that most physicians are unaccustomed to discussing professional questions before lay audiences, adds to the difficulties of the situation, and the embarrassment of a cross-examination by a shrewd attorney often involves the witness in doubtful and ambiguous statements concerning familiar facts of medical observation. Hence the situation is a most trying one for those best qualified to testify upon any given branch of medical science and practice, and criticism in any given instance should be lenient.

It is alwas a matter for regret, however, when an over-weening desire for notoriety induces a medical man to take the stand to testify relative to scientific matters in which his information is inexact and untrustworthy. Under such circumstances he is almost sure to bring disaster upon his own reputation, and to seriously camage medicine as a science in the public estimation. Such a case has recently occurred in Michigan, in which a physician was so imprudent as to appear as a witness for the plaintiff in an action against a brother physician for malpractice. According to the published account of the testimony, this widely-known physician confessed under oath to a very limited knowledge of anatomy, and, in response to a question, admitted that he had never seen nor treated such a case as the one under consideration.

Such an exhibition is always damaging to the higher interests of the profession, and mortifying to its members.

Before mounting the witness stand, physicians should be thoroughly posted in all the details of the questions at issue, and should speak dogmatically only concerning those features of the case in which they are qualified to substantiate the statements made. To speak long and earnestly in response to questions is always enticing; to be brief and cautious is wise.—Louisville Medical News.

MISCELLANEOUS.

THE OPIUM TREATMENT OF PERITONITIS.

The following items of clinical experience were brought forward: That fatal opium narcosis may be developed with ut either gradual reduction or marked change in the number of respirations per minute, hence reduction of the number of respirations is not an absolutely safe guide in the administration of opium in the treatment of peritonitis. That the use of opium in pills was liable to be followed by alarming if not fatal narcosis, especially with diseased kidneys. That in some cases the urinary secretion is so diminished in quantity as to necessitate partial suspension of the opium treatment. That it was not always safe to estimate the quantity of opium to be administered by the pain suffered by the patient.—New York Academy of Medicine.

COMA DURING MENSTRUATION RELIEVED BY VENESECTION.

Dr. H. Goldthwaite reported the following case to the Obstetrical Society of New York (Am. Jour. of Obst.): A woman suffering from uterine retroflexion and version, suddenly passed; during menstruation, into a state of coma, without any apparent exciting cause. Various remedies had no effect. Finally venesection was resorted to, when she at once began to regain consciousness, and went on to com-

plete recovery. Examination of the urine gave negative results, and there had been no renal symptoms. She had never before lost consciousness.

VAGINAL OVARIOTOMY.

Dr. W. H. Baker reported a case to the Boston Society for Medical Observation (Boston Medical and Surgical Journal): The patient was placed in Sims' position, the posterior cul de sac opened, and the cyst drawn down to the vaginal incision and opened.

The writer's conclusions were that abdominal ovariotomy was always to be preferred to vaginal, except in the few cases (1) where the cyst is small and the contents bland, so that there will be little danger of any, and especially of septic, matter escaping into the peritoneum; (2) of dermoid cysts small enough to be removed by the vaginal incision without evacuation.

TREATMENT OF NEGLECTED SPRAINS.

Dr. H. A. Latimer, in the British Medical Journal, reports the case of a man suffering from an old sprain of the ankle, of fourteen years' duration. Owing to its being painful, he saved the affected foot and leg as much as possible, resting his weight, when standing, principally on the sound foot. To such an extent did he do this that the muscles of the affected limb commenced to atrophy. Forcible flexion and extension of the joint was made, it was painted with iodine, ammonia liniment was rubbed in daily, electricity twice a week, and he was ordered to use the limb as much as possible. In three weeks' time a perfect cure resulted, which has been permanent.

The bill to create a State Board of Health, as published in the Index for July, has been introduced in the House, and referred to a special committee, composed exclusively of physicians. A favorable report is expected at an early day. There are strong hopes for its passage at an early day.

THE

Kansas 8 Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing"

Vol. 4. FORT SUOTT, KANSAS, FEBRUARY, 1883.

No 2

PRIGINAL COMMUNICATIONS.

A RESUME OF TWENTY-FIVE CASES OF AB-DOMINAL SECTION.

[For the Kansas and Missouri Valley Medical Index.]
BY J. EWING MEARS, M. D.,

SURGEON TO ST. MARY'S HOSPITAL, DEMONSTRATOR OF SURGERY IN JEFFERSON MEDICAL COLLEGE, AND GYOECOLOGIST TO JEF-FERSON MEDICAL COLLEGE HOSPITAL.

[Read December 6th, 1882.]

With a view of placing on record the results in a number of cases of abdominal section, and with the hope of contributing to the information possessed already with regard to these operations, I beg leave to submit the following resume of the cases which have come under my care.

I have endeavored to present the points which were regarded of interst in a concise manner, for this purpose grouping them under different headings.

Of the twenty-five cases of abdominal section, twenty-two were performed for the removal of tumors of the ovary; one was made in a case of encysted dropsy of the peritoneum (reported in the Transactions of this college, 3d series, vol

I.); one in a case of abdominal dropsy, in which the diagnosis was obscure, and an operation of exploration was made; and one for removal of the child in extra-uterine feetation.

As the case of encysted dropsy has been reported to the college, and as I propose at a future time to present the one of extra-uterine pregnancy, I shall present on this occasion a resuwe of the ovarian cases.

Age of Patients.—In the twenty-two cases the age varied from the youngest, sixteen, to the oldest, sixty-five years.

Nationality.—Sixteen patients were natives of the United States, and six of Ireland.

Social Condition.—Five were single, one was a widow, and sixteen were married.

Duration of Growth.—The duration of growth varied from three months to seven years, counting from the time at which the tumor was recognized first by the patient.

Aspiration, or Previous Tapping.—Aspiration, for the purpose of obtaining a specimen of fluid for examination, was performed in eight cases; tapping, to relieve abdominal distension, in four. In one case, in which the cyst was very fully distended by fluid, and the abdominal wall was very tense, leakage followed aspiration, and persisted for some hours, despite the efforts made to control it by pressure. In none of the cases in which aspiration or tapping was performed, did any serious results occur, nor were there any evidences in the operations which followed, of complications due to the previous aspiration or tapping. In all cases proper precautions were taken, the patient being required to rest in bed from three to four days subsequent to the operation.

Condition of the Patients at the Time of Operation — With the exception of two, who were the subjects of malignant disease of the ovary, the condition of the patients was good. All were placed upon preparatory treatment, extending over periods varying from two weeks to two months.

Line of Incision.—In all cases the abdominal cavity was opened by incision in the linea alba, midway between the

umbilicus and pubes, the length of the incision varying according to the nature of the tumor and the presence or absence of adhesions. A simple, mono-cystic, non-adherent growth was extracted easily through an opening one and one-half inches in length; whilst other tumors, polycystic in character, with numerous and strong adhesions, required incisions from four to six inches in length, in order that the hand could be introduced into the abdominal cavity, so as to sweep over the external surface of the tumor for the purpose of detaching adhesions, and also into the interior of the growth to disintegrate its contents, and thus reduce its size. The incisions were invariably closed by the introduction of metalic sutures,—iron or silver wire,—the needle being carried so as to include the peritoneum.

Adhesions.—In eighteen cases adhesions, either parietal, omental or visceral, existed—differing greatly as to extent and character. In some instances they were so slight as to be separated readily with the finger; in others they were very extensive and very firm, requiring some force to effect their detachment, and exposing denuded, bleeding surfaces. In one of the fatal cases the adhesions were universal, and so firm as to require a minute dissection to be made, in order to effect removal of the cyst.

In a second case, a portion of the parietal surface of the peritoneum as large as the palm of the hand, and embracing the sub-peritoneal fascia was detached, leaving a broad band This was included in three animal ligatures, of attachment. and the detached portion removed. During the period of recovery, which was not retarded, the patient referred to the position of the exposed surface as a sensitive point. still another case, an adhesion in the form of a cord, at least two inches in thickness and from four to five inches in length, fastened the tumor to the parietes. It was drawn down and a double animal ligature applied before section Hemorrhage caused by the separation of adhewas made. sions has been controlled by the application of carbolized silk and animal ligatures, both ends being cut short, and the ligatures permitted to remain "iu situ." In some instances, torsion of the vessels has been sufficient to restrain the bleeding.

Character of the Cysts.—Four cysts were uniocular, sixteen were multilocular, and in two, malignant disease existed. In one of the latter medullary cancer involved both ovaries, and in the other colloid disease was present.

Double ovariotomy was performed in two cases.

Primary or Secondary Operation.—In one case the operation was secondary, ovariotomy having been performed thirteen years previously. In this instance the incision was made to the side of the cicatrix of the primary operation, so as to avoid wounding the pedicle of the tumor removed, which was found to exist as a small cord attached to the inner surface of the abdominal wall, and to be of such length as to permit the uterus to occupy a normal position. Elongation and shrinkage of the pedicle has been observed in post-mortem examinations made in cases in which death occurred some years after ovariotomy.

Treatment of the Pedicle.—In all but one case the pedicle was secured by the application of the clamp; in the case excepted, a carbolized cat-gut ligature was applied, both ends cut short, and the pedicle was returned to the abdominal cavity. In cases of very short pedicles I have been able always to secure them with the clamp, and in no case was it. observed that the traction made to accomplish this produced any harm. In one instance of an extremely short pedicle, where, in fact, the wall of the cyst was separated not more than half an inch from the uterus, a double animal ligature was applied, which failed to control the hemorrhage. clamp was then applied over the ligature, bringing the uterus well up between the edges of the incision. Altnough the patient had a tedious convalescence, the ligature and clamp came away in good time, and the abdoninal incision healed Beneath the cicatrix the uterus could be distinctly outlined, and after the return of the patient to her usual duties no complaint was made of pain caused by traction

upon the organ. In one case only was there noticed a slight tendency to the occurrence of ventral hernia, and this in a young patient who slipped and fell on the icy pavement a short time after recovery from the operation. A good deal of tension of the abdominal walls was felt in the act of falling, and it was thought a slight detachment of the pedicle had occurred. Rest in bed for a few days, with pressure over the cicatrix, relieved the conditon.

In neary all of the cases in which the clamp was applied, it was observed that it could be removed safely at about the same time as the last of the sutures, and therefore the healing of the abdominal incision was not materially delayed. In one or two cases both sutures and clamp were permitted to remain longer than usual. In favorable cases the first of the sutures was usually removed on the sixth day, and the clamp on the eighth or tenth.

In three cases menstruation has occurred by the pedicle. In all of the cases it took place but once, and did not produce any s-rious inconvenience. It occurred in one of the cases in which double ovariotomy had been performed, two clamps having been applied to the pedicles without difficulty.

Strangulation of the intestine has been noted as being due to the use of the clamp. In my observation of the cases of others, and in my own, I have not met with an accident of this nature. As it has followed likewise the use of the ligature, it cannot be ascribed alone to the employment of the clamp.

The support afforded to the uterus by the attachment of the pedicle to the abdominal walls has seemed, in some of the cases, to have been of benefit, overcoming displacements which were productive of much previous discomfort.

In one of the three fatal cases which occurred, the ligature was applied and the pedicle returned to the abdominal cavity; death resulted on the third day from septicæmia, and the autopsy showed the stump of the pedicle softened and covered by a grayish slough. This condition of the pedicle was leading to the pedicle

I think, not a primary condition, but was a part of the general inflamation which pervaded the abdominal cavity, occurring in a case in which the cyst was adherent in every part to the parietes and viscera, and which required minute dissection to effect its separation.

While the tendency of the present day is to return to the use of the ligature as an exclusive method of treating the pedicle, I think it unwise to discard entirely the clamp. The imbedding of the ligature and its subsequent absorption demand a degree of reparative power which some much debilitated patients do not possess; in such cases it would appear proper to employ the clamp.

Drainage.—In one case it was thought desirable to secure drainage of the abdominal cavity after operation. For this purpose a large perforated rubber tube was introduced and allowed to remain in position for three days. During this period no fluid escaped, and the symptoms presented by the patient gave no indication of the collection of septic fluids. Of the great value of drainage after ovarietomy, there can be no question. Its use is especially indicated in cases in which adhesions of some extent have existed.

Antiseptic Precautions.—In fourteen cases the antiseptic methods were applied in full detail at the time of operation, and partially during the conduct of the after-treatment, the spray being then omitted. The successful results which have attended some of the cases were undoubtedly due to its use. The condition of the patients during the after-treatment was favorably influenced, and convalescence was promoted. Of three fatal cases, one occurred after operation under the system. The tendency of most operators at the present time is to employ a modifie I form of the system, owing to the fear of constitutional impressions made by agents employed. The constitutional effect of the carbolic acid has been observed in two or three cases in the condition of the urine other than this no symptoms were noted.

It has been stated above that menstruction by the pedicle

occurred in three cases. In one a marked impression was made upon the temperature, and the elevation occurring as it did without being accompanied by a corresponding increase of the pulse-rate attracted attention. On the day preceding the appearance of the flow the pulse was 84 and the temperature normal, 981 deg. On the day of its appearance the temperature rose to 100 deg., and on the third day reached 100 3-5 deg., then declined to 99 3-5 deg.-99 deg., and on the day of the cessation of the flow returned to the normal, 983—the pulse rate in the meanwhile remained unchanged. As the elevation of the temperature occurred after convalescene had been fully declared and the patient was within two days of the period when she would have been permitted to sit up, some anxiety as to the cause existed which was not relieved until its relation to the presence of the menstrual flux was considered.

In two of the cases pregnancy occurred and terminated safely in connection with the development and growth of the cysts. In both, the cysts had attained large size, and notwithstanding the pressure exerted during parturition rupture did not occur. In one, puerperal peritonitis supervened causing the formation of extensive adhesions, in the other, slight but firm adhesions were found.

In cases under my care recently, quinine has been administered in large doses in the twenty-four hours preceding the operation with a view to obviate shock, and in this respect its use has been attended with success. Thirty to sixty grains, in divided doses, have been given, and in each case so treated, shock has been absent. In the preliminary and after treatment it has also been given in tonic doses.

The duration of the operation has varied from thirty minutes to two hours, in the former time, mono-cystic non-adherent tumors have been removed and the wound closed. The later period of time has been required to remove polycystic growths, with extensive and firm adhesions and many bleeding points to control. Serious complications during the operation, and after-treatment have occurred in but two

In one already alluded to the adhesions were so extensive as to complicate seriously the operation and to render the result fatal. In the other, the slipping of the ligature and the persistence of hemorrhage for some hours after the closure of the wound complicated the operation. patient's recovery was slow, two months and a half elapsing before she was able to leave her bed, in which period there occurred in order the following complications—obstinate uncontrollable diarrhea, suppuration of hemorrhoids, formation of a large bed-sore over the region of the sacrum, with destruction of the sacro-coccygeal articulation and a condition of blood poisoning with swelling of the left parotid gland. Recovery finally took place, and the patient has been able to maintain herself by her work as a seamstress.

The size of the tumors varied greatly, and the weight from three to sixty pounds.

With one exception, all of the operations have been performed either in private houses or in a private hospital. One was operated upon in a private room of a general hospital and in this a fatal result ensued—death, however, could not be attributed to this fact, but rather to the complications which existed in the case. In all cases careful attention was given to the preparation of the apartments so that the patients should be placed under the most favorable hygienic conditions.

A STRANGE CASE.

[By R. J. PEARE, M. D., Pleasanton, Kansas.]

On the 9th of November, 1882, I was called to see Mr. J. H———. aged 56 years. Health previously very good. Had inflammatory rheumatism several years before, but had recovered perfectly. Family history unimportant, except that his brother, about his own age, died of cancer of stomach about two years ago. Post-mortem verified the diagnosis.

Mr. H. stated that for about a month past be had been suffering from loss of appetite, and uneasiness about the stomach after eating, and experiencing loss of usual business energy. His present difficulty was pain in left leg below the knee. In the horizontal position there was no pain, but while erect pain was constant. Suspending the limb gave rise to more pain than standing on it. The limb was swollen, without subcutaneous ædema, and tender on deep pressure, especially in the thickest part of the calf. The superficial veins were remarkably turgid, and did not seem to be wholly relieved on elevating the limb. Veins of foot similarly distended. There was no elevation of temperature in the part, and no general disturbance of the system. Motion did not cause any increase of pain in the limb.

In about two weeks the right leg became similarly affected, though not so severely. The left leg had yet made no improvement, but was not causing much distress, the patient being confined to bed. Up to this time, since taking to bed. no food had been taken without an effort, and the patient was losing flesh fast. The condition of the stomach now became the most important feature of the case, distressing acidity being present much of the time, which resisted remedies obstinately. Belching of gas also gave much trouble. Vomiting set in and occurred frequently, irrespective of The matter vomited consisted mainly of mucus. but was mixed with a yellowish, jelly-like fluid nearly always. Once it contained coffee-ground matter, and twice streaks of fresh blood. There was also distress or pain at pit of stomach on pressure. Twice there was severe pain in the stomach, which yielded readily to warm applications. In the bowels also there was severe pain once.

This condition of the stomach continued from about the 28th of November till the 11th of December, when it wholly subsided; but the patient had become reduced very low. Before proceeding farther, I will state that during the second week of the sickness there occurred regularly, every evening, a great degree of restlessness, which the patient could

not control, and which he said caused him no particular distress. He could not lie still one moment. Sometimes this lasted for hours, and thus of course prevented sleep. About this time he also began to suffer somewhat from a feeling of suffocation. This continued throughout the sickness at intervals, gradually increasing in severity. Toward the close of the case it came on in paroxysms.

Heretofore Drs. Carnahan, of Pleasanton, and Baldwin, of Fort Scott, had been consulted in the case, and the patient now consented to visiting Chicago for the purpose of further consultation. He was led to this course by the opinion which I expressed to him that his disease was probably of a malignant character. Though poorly able to endure the journey, he succeeded, consulted Dr. Bridge there, and reached home safely. The opinion of Dr. Bridge is in these words:

"It appears to me very probable that Mr. H. has cancer of the posterior wall of the abdomen. His family history, the history of the case, in particular the coming on of cedema of one foot first and most, the absence of any lession of the kidneys, his great loss of weight and his age, all point in this direction."

Three days prior to his departure for Chicago, all the distress of the stomach subsided, and did not again return; the appetite, however, did not improve, and so, in these respects, the patient went on to the end. For about eight days longer the case remained in statu quo. There was but little to complain of but the paroxysms of suffocation, which were now very distressing, and a source of great prostration. The bowels and kidneys had all along acted fairly well, and the heart was regular in its action. He now complained of soreness of the side of the neck. I found the external jugular greatly distended as high as the angle of the jaw on the left side, and as sore as a boil. I now examined the legs and found the veins crossing the tibia and instep on the left side,—those which were distended early in the case,—as hard and incompressible as cords, and almost insensible to

pressure; the right was slightly so. The feet soon became very blue, and cold and painful. Next the nose turned a deep purple, except a spot on each ala, identical in all respects, and located close to the cheek. Two fingers on the left hand,—the second and third, now became painful and blue, but not markedly so, and finally a spot in palm of right hand. These changes last mentioned occupied about four days, and, strange to say, though ordinarily attended with rapid sinking, the pulse was not perceptibly altered. But the progressive loss of strength which each day carried the patient closer to the fatal issue, soon ended his sufferings. He died in two days more. The whole period of sickness was seven weeks. No post-mortem was allowed.

Now the question arises, what was the nature of the disease? The first two gentlemen consulted saw the case before its full development, and did not suspect malignant disease. Dr. Bridge expressed the opinion later on, that the case was probably cancer of the posterior wall of the abdomen. In this opinion I shared; but seeing the very remarkable changes that preceded death just a few days, I cannot now reconcile myself to that view of the case. Was it adhesive phlebitis?

A CASE OF VAGINISMUS.

June, 187—, was called to see Mrs. A——, aged 25, brunette, weighing 140 pounds, who said she had falling of the womb, with severe pain in lower part of abdomen. Married six years; sterile. A few weeks before marriage, and during menstruation, had accidentally immersed her feet and lower limbs in ice-cold water, which caused suppression of the catamenia, with fever, confining her to her bed for several days. Has never enjoyed good health since. At the appointed time the marriage ceremony was performed, and, to use her expression, her "troubles began." The vaginal orifice was very tender, and during the six years of her married life, intercourse had always caused pain, at times being

so severe as to confine her to her couch for several days. Her husband was very kind, and for months at a time abstained from all attempts to perform the marital act. wery much feared he would abandon her; and her mental condition may well be imagined. She had first consulted Dr. R., who treated her for uterine and general rheumatism. Dr. G. was next called, who treated her for prolapsus uteri and general nervousness, confining her to the recumbent position, with elevated pelvis. Dr. D. was next consulted. Did not visit the patient, but treated her for prolapsus uteri by having her husband insert a soft rubber inflated pessarv. None of them made vaginal examination. I asked to make an examination per vaginam, which was refused; not so much on account of a feeling of false modesty as fear of the pain it might produce. I proposed an anesthetic, which was declined. I took my leave without prescribing, after giving some advice as to the fallacy of treatment which was not based on a correct diagnosis. In a few days her husband informed me that she had consented to an examination. At the appointed time I called at her residence and found the vaginal orifice quite parrow and excessively tender. with sub-acute inflamation of the mucous membrane covering the vulva and lower part of the vagina. About the meatus urinarius, and scattered over the vestibule, were a number of papilloma which were very sensitive. The womb was in a normal condition and position. Owing to the extreme hyperesthesia and spasm, was unable to introduce the smallest cylindrical speculum without using more force and causing more pain than was necessary.

Diagnosis:—Vaginismus treatment. Cauterized the papilloma with the solid nitrate silver; ordered wash of acetate plumbi, grs. v to 3 applied three or four times daily; bowels to be kept open with pill cath. comp., U. S. P., with five grains patass brom. three or four times daily; a low, unstrenulating diet, and entire interdiction of the sexual act.

Under this plan of treatment, the patient made a complete recovery in about six weeks.

J. F. HICKEY, M. D., Chanute, Kansas.

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CLINICAL REPORTS.

REPORT GF A FEW OF THE PRINCIPAL CASES AT THE EYR AND EAR CLINIQUE, DURING DECEMBER, 1882. UNIVERSITY OF KANSAS CITY, MEDICAL DEPARTMENT, BY F. A. CANGHELL, CLASS 83.

Case 1. Mrs. S. T.—Age 48; native of U. S., but of French descent.

History.—One year ago last June, right eye became sore, and the lids swollen. A few days after, the left eye suffered in a similar manner. Judging from the symptoms she gave, we concluded that she suffered from catarrabal ophthalmia. To-day we find conjunctive in a state of inflamation.

Diagnosis:—Trachoma with phlectenular keratitis. In right eye trachoma. Treatment: R. zinci chlori, gr. vj, aqua dist., 3 j. Also: R. atropia sulph., gr. j., aqua dist., 3 j. Mix. Sig. Drop a few drops in eyes once per day.

Dec. 9th, 1882.—Patient getting along nicely; vision improving. Treatment to-day, local application of atropia and iodoform.

Case 2. Mrs. M. C.—Age 49; native of Missouri, resident of Kansas City.

Family history.—Mother's eyes became presbyopic at forty years of age. She also suffered with a "cancer" upon her leg; it was operated upon; with what success we were not able to learn. One brother died of consumption. Her oldest child is now suffering from tuberculosis. The patient is of a scrofulous diathesis

At fifteen left eye gave some pain, but did not trouble her much until she was twenty-three years of age. She then had some inflamation of both eyes. To-day we find posterior circular synechia of left eye; with this eye she can see to count fingers three feet away. In the right eye she has kerito-globus, with severe pain, giving evidence of chronic glaucoma.

Treatment.—For right eye we advise enucleation; for the left eye iridectomy.

Dec. 16th, 1882.—Patient came prepared for the operation on the right eye. She was placed upon the operating chair; ether was used and she was fully under its effect. The lids were opened with a speculum. The conjunctivea and sub-conjunctivea were divided at the margin of the Then by the strabismus hook the recti muscles were raised, and were divided by blunt-pointed scissors. The globe was then forced to roll outwards, so as to put the optic nerve on the stretch. A pair of curved, blunt-pointed scissors were introduced on the nasal side, pressing against the globe until the optic nerve was reached; the scissors were then opened and the nerve severed, and the eye extracted. After hemorrhage had ceased the edges of the conjunctivea were brought together but not stiched. A small piece of absorbent cotton, well covered with vaseline, was placed in the orbit, and the lids closed; a compress was then placed over the closed lids and a bandage applied.

Dec. 23d, 1882.—Patient doing nicely; pain is entirely gone from the right eye, and the left eye is feeling better. Patient instructed to return in two weeks for operation on the left eye.

Case 3. Dec. 16th, 1882.—Diagnosis.—Phlectenular keratitis, blenorrhea of lachrymeal sac, and stricture of nasal duct.

Treatment.—Lower lid made tense; a blunt-pointed knife was introduced into puneta lachrymealis, following down the canaliculus until the nasal bone was reached; then with one stroke upward the canaliculus was divided. A small, blunt-pointed probe was then introduced horizontally until it came in contact with the nasal bone; then the probe was raised to a vertical position and passed through the duct, breaking up several strictures. The probe was allowed to remain a few moments and was then removed.

Case 4. Mr. H. W.—History.—Last September he suffered from a severe inflamation,—probably purulent ophthalmia. The eye was badly swollen and very painful, and discharged a great amount of matter until the eye bursted.

Upon examination we found that there had been ulceration and rupture of cornea of left eye, complicated with anterior synechia, and with anterior staphaloma. Vision of this eye merely perception of light.

Treatment.—Iridectomy was performed according to the usual method, the patient taking no anesthetic. A compress was placed over the eye and bandage applied.

Dec. 23d, 1882.—Sight improving; patient able to read test type no. 8; field of vision normal.

Case 5. Dec. 9, 1882. Mr. S.—Occupation.—Clerk R. R. mail service. Operated on both eyes for pterygium some time since.

Vision to-day in left eye 20-30; vision to-day in right eye normal. His former diplopia, the result of the pterygium, has entirely disappeared.

His after-treatment consisted of: By hydrayr. oxide flava, gr. ij; vaseline, 3j. Mix. Sig. Apply to eyes once per day.

Dec. 16th, 1882.—Eyes well; vision normal; patient discharged.

MASSAGE IN THE TREATMENT OF CATARRH-AL LARYNGEAL CROUP, AND DIPH-THERITIC ANGINA.

Bela Weiss' method has been found by the author to be recommended, and is as follows: The throat alone is to be manipulated by placing the three fingers on the larynx and moving gently at first, with greater force afterward, to the maxillary angle. The manipulation lasts from five to six minutes, and is repeated every two or three hours. The effect is noticed at once in the diminished pain on swallowing, and in cases in which the manipulations are instituted at the onset of the disease, violent diphtheritic symptoms rarely occur; if such symptoms are already present, they are at once alleviated.

After each manipulation diphtheritic mucous masses are expectorated, the hoarseness gives way, and euphoria generally begins.—E. Freund, Deut. Med. Wochenschr., No. 47, 1882.

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., Fort Scott, Kansas, Editors. W. C. BOTELER, M. D., St Joseph, Missouri,

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department.

A TEMPEST IN A TEA-POT.

At the January meeting of the New York County Medical Society, a resolution introduced by Dr. Sayres, instructing the Society delegates to the State Medical Society to vote for the repeal of the new code, was voted down by a vote of 31 to 9. Subsequently a special meeting was held to discuss the matter and instruct the delegates if thought proper.

Judging from the reports of the daily press of that city, this must have been a happy family reunion. Dr. Roosa acted as champion for the new code, while Dr. Piffard did the same, but a little more moderate. Dr. Flint, sr., and others spoke in favor of retaining the old code, although admitting that it was not perfect. The vote found 147 members in favor of the new, with 60 in favor of the old code.

The editor of the New York Medical Journal one year ago expressed a qualified approval of the new code, for the

sole reason, as he states, that it was a step toward the abolishing of all codes; he, with others, believing that we should have no code at all, and that the matter should be left to each personal individual's selection.

Notwithstanding numerous protests, there are at least some of the gentlemen favoring the new code, who are aiming to cut down the last barrier between the two so-called sects, and the real aim seems to have been after it was found impossible to abolish the code entirely to so modify it as to make it practically inoperative.

The New York County Medical Society finds itself in a queer position. The new code will undoubtedly be repealed at the session this month at Albany, and the County Society will either do likewise or sail alone. Heretofore the New York County Medical Society has had matters largely its own way, and this rebuff will be a bitter pill to swallow.

Few physicians will perceive the force of Dr. Rossa's criticism of the old code. If there existed a necessity of a code 35 years ago,—and we presume there did or it would not have been adopted,—the present superior race of physicians can not be harmed by an acquiescence to the same document. The homilies referred to by Dr. Rossa can do no harm and have undoubtedly done much good in the past.

In conclusion we suppose the fury of the storm has been spent and the State Medical Society will resume its former action, and the County Medical Society will fall in line in due time and all will once more be serene.

D.

THE COLLODION DRESSING IN ORCHITIS.

[By W. C. Boteler, M. D.]

Few remedial measures in any disease are entitled to more eulogistic mention than is collodion, in the treatment of orchitis,—swelling of the testicle. From its uniform contractile effect, no medicinal agent exists that meets better the indications of this malady.

The value of the collodion dressing in approximating the the surfaces of gaping wounds, in retracting an in-curved eye-lid and promoting the repair of an indolent ulcer, has been long appreciated, but to this day no mention has been publicly made of the collodion suspensory in orchitis. It is not my purpose in these remarks to crossgate the credits of any especial discovery, any unusual penetration or mechanical skill, but rather to direct the attention of fellow practitioners to another and further adaptation of this valuable remedy in a constantly occurring and unfortunate malady.

During the summer of 1880 a case of gonorrheal orchitis presented in the person of a half-breed Indian, at Otoe Agency, Nebraska. In the absence of adhesive plaster sufficient to continue the daily strapping of the part, I concluded to essay the effect of collodion at the time, more for the purpose of adding permanency to the adhesive strapping than with a view of obtaining any therapeutic value from the col-The imbricated strips were applied as usual, the patient in a horizontal posture, and after the completion of the strapping, the contents of a small phial of collodion was poured and distributed equally over the imbricated plaster surrounding the testicle. In a few moments with but little pain or burning, the collodion was set smooth and regular, forming a most excelledt stay for the plaster, and a suspensory unequalled in durability and well-regulated pressure. The patient was dismissed with no other instructions than to use salts on alternate nights, and was entirely overlooked until the tenth day, when a casual examination disclosed a complete recovery. Upon inquiring I ascertained the following: For two days slight pain; afterwards analgesia; on the seventh day, from rapid retraction of the testicle, dressing dropped off, and then, upon the tenth day, the inflamation had completely subsided, the testicle almost its normal size, and patient desirous of being regarded well.

Surprised and elated to some extent over this unexpected result, I at once resumed consideration of my case and treatment. Appreciating the value of well-regulated pressure

in these cases, likewise the invaluable contractile effect of the collodion, I have since continuously used this remedy in orchitis, with the most gratifying results. In over thirty cases of orchitis, acute, sub-acute and chronic, having occurred in my practice in a period of two years, this remedy was invariably resorted to, and in not one was the patient required to resume the horizontal posture, or to any great extent discommoded in his usual daily avocations.

I am in the habit of regularly strapping the testicle first; then, after having covered right hand well with ol. olivae to prevent sticking, I proceed to cover the testicle with collodion till about an ounce is thoroughly and evenly distributed over the imbricated strapping. Some burning will be complained of during the application, this subsiding in about half an hour into an agreeable analgesia.

It is my impression, from a limited number of cases thus treated, that the collodion applied to even the distended testicle will act just as well, and by its evenly distributed pressure and smooth and regular surface, promote absorption and revolution of the gland promptly and effectually, indepent of any strapping whatever.

Considering the position of the gland in locomotion, its liability to painful jars, its being predisposed to hypostatic congestions from its pendant position, some equable pressure, some permanent suspensory apparatus is absolutely necessary, and nothing will fulfill these indications more effectually than the collodion suspensory. In addition to this we claim for it more rapid convalescence, more permanent results, more agreeable treatment than by any other means as yet introduced. Its advantages over the ordinary strapping are more complete, even and well-distributed pressure, more permanent suspension, the reticulated surface of the scrotum not displacing it; the evaporation of the ether substituting the long, tedious local antiphlogestic applications; the patient being enabled during the entire course to continue his usual avocations. The collodion may be applied over the strapping or on the testicle with the scrotum dis-

tended, either giving very little advantage. After the collodion has hardened, as a matter of convenience an ordinary suspensory bag may be used to prevent any altrition of the thighs.

Whilst this method of treatment is applicable to all cases of orchitis, it will probably be most often applied to chronic cases, these most frequently requiring the continued pressure to promote absorption. In acute inflammatory cases, when lightly applied it regulates quantity of blood in the part, thus preventing the plants exudation that underlies chronic enlargement, and in addition, its secondary refrigerating effect from evaporation and in this melady is further attested by Dr. J. E. Potter, of the property, which is several cases used by my request.

We must claim for this valuable remedy in orchitis, on its merits or demerits, the credit or discredit of its introduction, feeling sanguinely confident that if discreetly used, we have a remedy in the above malady unequalled by anything as yet mentioned or introduced.

THE MISSOURI STATE BOARD OF HEALTH.

It is with no little pride that the medical profession of Missonri can now safely point to the time when this State, great in its resources and the responsibilities placed upon its law-makers, will be placed in the front ranks of those having already an organized State Board of Health. That quackery, empiricism and charlatanism of every kind and description is prevalent here we would not attempt to refute, and the annual sacrifice of human life, as a result, is simply enormous. That legislation on other subjects should have been deemed more important than on this, for so long a time, we cannot clearly understand, unless from careless inadvertence of our legislators. Surely no subject should more actively engage our interest,—none coming nearer to

our homes and health, and none more kindly enlisting our wisdom and careful discrimination.

That a man is popularly dubbed a "doctor" in a community should not be his passport,—as it unfortunately often is, regardless of education, graduation or well-disciplined intellect. But when legislation approaches such a point of perfection as to require of the aspirant for a professional title, that he shall have shared the advantages of classical and scientific drill before commencing the study of medicine, and that afterwards he must be able to produce certificates of well-tried proficiency from the best of scientific medical teachers,—then, and not till then, will this honorable profession be properly respected, purified and rendered worthy of the full confidence of the people.

We will herald the formation of the Missouri State Board of Health with unmitigated pride, trusting sanguinely that at the present session of our legislature this long-wished for consummation of the better element of the profession will be accomplished.

That medical education in this State requires a judicious pruning likewise, is undoubted. Medical colleges doubtless exist that should be placed under greater restraint, and some that should be eradicated. But here arises a matter that demands the most cautious and deliberate action. In cities where rival medical colleges exist, pursuing even the most advised and careful educational courses, it is not uncommon for rival teachers to resort to practices and surreptitious strategies to bring discredit, humiliation and defeat to the doors of each other, and we feel safe in asserting that if medical colleges were allowed to regulate professional instruction, the contest would not be unlike the "Kilkenney cats;" probably one would be regarded "regular," decide itself entitled to exist, and this one composed of the herculean strategists of this vast domain.

We would not either impute to our own State a belligerent rivalry that does not similarly affect others. Aye, unfortunately these same defects are compromising the honor

of the profession in many others, and will continue so to do until State Boards are formed, composed of intelligent, highminded and deliberate men, regaled with authority and endowed with a natural and an acquired ability to wisely act. Already we hear the clangor in the dim distance beginning. The pioneer physician, of tottering form and whitened locks, asserts his claim by priority of time, to this new honor. With reluctance would we cast a feather of obstruction in the path of age; but in these progressive times and most thriving sections, who do we find at the van, turning onward the wheels of progress? Is it age and frailty? the medical profession is it the calomel, quinine and opium doctor of fifty years ago, or him endowed with health, ambition and a vigor of mind, trained and nursed in schools of modern science? Matters such as this are of vital import, and it is to be hoped that the great Ruler of this vast commonwealth will bring to bear upon points of this nature the pungency, penetration and justice that has characterized his B. career.

KANSAS STATE MEDICAL SOCIETY.

TRANSACTIONS OF THE SIXTEENTH ANNUAL SESSION, HELD AT EMPORIA, KANSAS, MAY 9, 10 AND 11.

Not quite so pretentious in size as that of the volume for Missouri, yet by the use of smaller type the contents have been crowded into smaller space; in fact the type is so small that we venture to say that many possessing the moral courage to wade through the annual volume will be deterred from doing so on that account. Among the essays are the Opening Address by the acting president, the report on ophthalmology, by Dr. E. B. Fryer, on surgery, by Dr. A. Leigh, of Highland. Cases are reported by Dr. Carpenter on re-section of tibia and fibula; Dr. Schenk on fracture of vertebra, and gun-shot wound of heart, by Dr. Stone.

Barring the use of small type, the publishing committee

TRANSACTIONS OF MEDICAL. ASSOCIATION OF THE STATE OF MISSOURI.

TWENTY-FIFTH ANNUAL SESSION, HELD AT HANNIBAL, MAY 16, 17 AND 18.

In addition to the usual record of proceedings, this volume contains, in all, 14 papers or essays, all of them of more or less merit. The president's address by Dr. King, of Sedalia, on "Quacks and Quackery," has already been noticed, and has contributed not a little toward arousing the public to the necessity of legislation upon the subject. Among the papers deserving of special mention we note one by Dr. Glascow, on "Idiopathic Laryngitis." and one by Dr. Trader, on "Railroad Surgery." Dr. Matthews reports a case of hydrophobia. A special report on State Medicine advises the procuring of needed legislation, which we see recommended by the Governor in his annual message. Altogether the volume is a credit to the Society, the State and the publishing committee. The next session will be held at Jefferson City, May 15, 16 and 17, 1883.

OPIUM POISONING.

A case is reported in the College and Clinical Record where a man of 30 years swallowed, while intoxicated, 2 oz. of laudanum. He was found by the police in an unconscious state, and by them, after a time, conveyed to the German hospital. On admission, respiration seemed almost at a standstill. At every 52 or 54 seconds there was a succession of two or three deep movements of the chest, half sigh, half gasp; pulse 110 to 140; pupils contracted to pin points. The stomach was immediately evacuated, and he was given, hypodermically, 1-60 grain of atropia, repeated in 30, 50, 80 and 100 minutes, when the pupils were seen to begin to dilate. Up to this time there had not been the slightest improvement in the breathing, pulse or reflex movements. Flagellations, Marshal Hall's and Sylvester's methods, the cold douche and electricity were tried. Finally, about six

hours after taking the poison, the first signs of a possible reaction appeared. Thus encouraged, efforts at restoration were continued, until finally, about ten hours after ingestion of the poison, it was considered safe to allow him to go to sleep. In summing up, the reporter calls attention to the fact that atropia alone would not have saved the patient, and that it is not safe to rely solely on that drug's physiological antagonism.

LITERARY AND MISCELLANEOUS NOTES

"A wise physician, skilled our wounds to heal, Is more than armies to the common weal."

The new pharmacopeia is now before the public, but omits, among others unnecessary, the synonyms,—muriate, for chloride of ammonia; podophyllin, for resin podophyllin; sugar, for saccharum. Heavy magnesia is magnesia panderosa, and light is merely magnesia. Processes for the manufacture of drugs are omitted in some cases; aconitine is no more officiual. Aside from these observations, our new medicinal encyclopædia is a model of perfection.

Railroad employees are now to be instructed in surgery. Lectures are being regularly delivered at the Grand Central Depot in New York, to prepare the survivors with practical points for the benefit of the injured in accidents, in cases of emergency.

Permanganate of potassæ sometimes yields brilliant results in cases of diabetis melitus-masom.

Dr. A. C. Pole, of Baltimore, reports a case of a patient who passed 441 lumbricoid worms in thirty-four days. Calomel and santonine in powder were used.

Dr. E. Marcus, (Deutsch Aroch. Klin. Med.,) reports a fatal case of peritonitis from perforation of the intestines by round worms.

The King of Bavaria has conferred upon the eminent hygienist, Prof. Von Pettenkofer, a patent of nobility.

Iodoform in impalpable powder is fast becoming a remedy par excellence in gonorrheal ophthalmia. Its virtues are attested by such eminent authority as Grossman, Lange and Manomachie.

Toledo has a new Medical College and Journal. The first course of lectures will begin March 1st, 1883.

Very high altitudes and damp, foggy locations are pernicious to consumptives. A moderately high location, calmness, purity and sun warmth are the pre-requisites in these cases.

Amputation at the hip joint was performed by Drs. J. D. Smith and J. M. D. France, of St. Joseph, Mo., in the early part of February.

The Medical Age, a most excellent periodical, now graces our table, edited by Dr. J. J. Mulheron. It is a consolidation of the Detroit Clinic and the Michigan Medical News.

The Kansas and Mo. Valley Medical Index,—the Kansas Medical Index and the Mo. Valley Medical Journal combined,—is issued simultaneously at Fort Scott, Kansas, and St. Joseph, Mo., and has now the largest circulation of any medical journal west of St. Louis.

Baltimore is again a victim of small pox,—that much-to-be-dreaded scourge.

The Maryland Mdiical Journal, edited by our esteemed friend and instructor, Dr. F. A. Ashby, is increased in size, has secured a full editorial corps, and will soon become a weekly.

Drs. Leigh Hunt and W. C. Barrett, of Buffalo, have succeeded Dr. Wilkerson as editors of the Independent Practitioner.

The New York Medical Journal has become a fine, attractive and interesting weekly. Dr. F. P. Foster, editor.

The Annals of Anatomy and Surgery has changed administration and object. It is now a Special Surgical Journal.

The most talented editor of the Detroit Lancet is becoming caustic and ironical with advancing years Doctor, please "pull the cobwebs off your brain and have some style about you."

Unprincipled conduct:—Teachers of a medical college surreptitiously writing defamatory and unfounded statements of a rival school to adjacent State Boards. "Truth crushed to earth will rise again."

The Louisville Medical News remains as sprightly, and is enlarged with the new year.

The appropriation by congress for the Army Medical Museum has been fixed at \$10,000.

Philadelphia has started a Post-Graduate school, with an endowment of \$60,000, and a faculty of unquestioned excellence.

The Journal of Cutaneous and Venereal Diseases comes now regularly to our table. A most indispensable magazine edited by Drs. Pfiffard and Morrow.

We would request our contributors and exchanges to legibly direct communications to either Dr. Boteler, 312 Francis street, St. Joseph, Mo., or Dr. F. F. Dickman, Fort Scott, Kansas. Either in case of contributors; for exchanges both.

We will gladly insert reports of regular medical societies if forwarded us in time, and certified to as accurate by the recognized secretary. We cannot, however, be expected to give our space and endure additional expense of collation

Bromide of potassium, in consequence of its special sedative action over the medula oblongata, suppresses the irritation causative in diabetis melitus, and is successful in continued doses.

DEAD—Our esteemed friend, Dr. Geo. M. Beard, of New York, Jan. 23, aged 43; author of valuable treatise and works on diseases of the mind and nervous system. Sir Thomas Watson. Prof. Fred'k Warren, the distinguished chemist. Dr. Warren Stone, of New Orleans. S. P. Fairman and J. B. Allig, students of medicine at the College of Physicians and Surgeons, Baltimore, of small pox. "B."

Dr. Jenner, desirous of extending to a convalescing patient an edible delicacy—a pair of ducks, accompanied his gift with the following couplet to his fair patient's mother:

"I've despatched, my dear madan, this scrap of a letter,
To say that Miss —— is very much better.
A regular doctor no longer she lacks,
And therefore I've sent her a couple of quacks."

SOCIETY PROCEEDINGS.

THE SOUTH KANSAS MEDICAL SOCIETY.

The South Kansas Medical Society held its first meeting of 1883 in Eagle Hall, Wichita, Jan. 2nd. The president, Dr. Boyd, of Newton, being absent, first vice-president G. Emerson, of Winfield, occupied the chair. But little was done in the forenoon. Papers were read by Dr. Harris, of Mulvane, and Dr. Robertson, of Hutchinson. The former on calcium sulphide as an anti-supurative, and the latter on uterine hemorrhage. Dr. Robertson's paper elicited consid-

erable discussion. Dr. Sherrick, of Newton, presented a patient to the Society, but no positive diagnosis was made.

Drs. Allen, Furley, Pleasants, Coleman, Reed, Goddard and Hill were continued on special committee for the next meeting, and Mendenhall and Martin were appointed on special committee. Dr. Mendenhall reported the death of Dr. Schofield, and the president appointed Drs. Mendenhall and Green to report on his death at the next meeting.

The attendance was not so large as it should have been, and we hope that our next meeting will be better attended.

Fines were assessed on all those who failed to present their papers as per appointment at the last meeting.

This Society will meet in Hutchinson on the first Tuesday of May, 1883.

T. J. MILLER, M. D., Secretary.

THE NEW YORK STATE MEDICAL SOCIETY AND THE NEW CODE.

Just as we go to press, we learn, through the New York Medical Journal, that the State Medical Society, at its recent 77th session, by a vote of 103 no's to 99 aye's, refused to abrogate the code established last year, and to re-establish the code of the American Medical Association. The small vote cast will be a surprise to many.

SELECTIONS.

DIALYZED IRON.

Dr. Prosser James has lately said, in a summary of the position which dialyzed iron is entitled to hold in medicine, that the persalts of iron are frequently employed solely on account of their astringency, while the protosalts are occasionally considered as being destitute of this quality. The freshly-prepared carbonate is an excellent mild chalybeate, but difficult to keep in an unaltered state, so that preference

is given to reduced iron. The scale preparations of iron are held in repute, both from the extreme facility of their use and their agreeable taste. When these three forms of iron are inadmissible, dialyzed iron may be resorted to with admirable effect. It is a milder chalybeate than the three preceding, and does not produce the slightest irritation.

A recent analysis by Prof. Tichborne of Wyeth's preparation, agrees almost exactly with Graham's statement that dialyzed iron contains 98.5 parts of the oxide, and 1.5 parts of dydrochloric acid. The liquid thus obtained differs altogether from an ordinary solution of salts of iron, by its not giving rise to the blood-red color on the addition of alkaline sulphocyanide, nor to the blue precipitate with ferrocyanide of potassium. It does not become cloudy on boiling, nor when agitated with two parts of ether and one part of alcohol is the ether layer colored yellow. It is so sensitive that ordinary spring water will cause a precipitate, yet no precipitate is produced by nitric, acetic or muriatic acid. Graham's solution gelatinized in about twenty days, and he regarded it as a solution of colloid ferric hydrate, which he considered existed in both a soluble and insoluble form. is, however, never free from chlorine. Theoretically, therefore, the liquid is a solution of a basic oxychloride, but it can never be imitated by dissolving saturated solutions of the hydrate. All these artificially-made liquors are astringent, with ferruginous taste and acid reaction.

Respecting the therapeutic value of dialyzed iron, of which there has lately been some inclination to doubt, Dr. James says there is no question. By the method now followed of counting blood corpuscles, it is found that the taking of dialyzed iron both increases their number and improves their condition. Dr. James gives as an average dose, twenty to fifty drops daily, in three doses. Dr. Weir Mitchell, of Philadelphia, gives as much as a drachm at a time.

Specimens have appeared in the market which are not only innocent of any acquaintance with a dialyzing membrane, but seem little less than diluted solution of perchloide of iron.—Chem. and Drugg.

TUBERCULAR VS. MALARIAL BACCILLIUS.—The editor of the Globe-Democrat has been reading up on Koch's Discovery and the baccillius generally, and offers the following suggestion: He would inocculate the tubercular patient with the malarial baccillius, and let the latter destroy the baccillius of the former, and then kill the latter with quinine or whisky. He objects to whisky as inconvenient, because whisky does not kill the baccillius but stupefies it and to be successful the patient must keep full of whisky, which might become troublesome to the friends or family. Henry Clay Dean is cited as authority for the supposed antagonism.

MULHERON.—Gracie, youngest daughter of Prof. John J. Mulheron, of the Michigan College of Medicine, died of maglignnnt diphtheria, on the 15th of December. She was sick only a few deys with the dread disease. One other child, the boy, had but recently recovered from the same complaint. Gracie was a very bright little girl for one of her age, (only five,) and the blow falls heavily upon the family, who have the sympathy of all who know them.—Ex.

CORRECTION.—The author of the article on "Tonsilitis," in the January issue is Dr. W. J. Birchman, and not Buchan, as stated.

ARREARS.

On looking over our books we find many still in arrears for last year's subscription. All such will find a statement enclosed this month. We hope that all will find it convenient to remit at once. The statement includes the subscription for the present year.

UNIVERSITY OF KANSAS CITY.

On a recent visit to the village on the blnffs, we had occasion to visit the medical department of the university, and found the students, some thirty in number, hard at work. The faculty are sparing no means to make the medical department a success. The plan embraces a literary, law and theological department, we believe. The law school was successfully opened the second week in January, and is in successful operation.

THE

Kansas & Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4.

FORT SCOTT, KANSAS, MARCH, 1883.

No. 3.

PRIGINAL COMMUNICATIONS.

CLINICAL REPORTS.

A REPORT OF PART OF PROF. F. B. TIFFANY'S EYE AND EAR CLINIC FOR THE MONTH OF JANUARY, 1883, UNIVERSITY OF KANSAS CITY, MEDICAL DEPARTMENT,

AS REPORTED BY A. B. PETERS.

Jan. 6. Kate O.—Age 35 years; native of Germany; light hair, gray eyes and medium size.

History.—Patient stated that she had been troubled with deafness for three years and had a continual ringing, "like the ringing of bells" and sometimes a "whistling sound" in both ears, and was always hard of hearing on taking cold.

Examination.—The patient could not hear the tick of the watch with the left ear, and it had to be placed against the right ear before audible. She could hear the tuning fork plainly when placed on the mastoid processes.

Diagnosis.—Non superative catarrh of the middle ear, caused, most probably, by chronic inflamation of the schni-

derian membrane and mucous membrane of the pharynx, resulting in an inflamation of the eustachian tubes and tympanum.

Treatment.—The inflamation of the eustachian tube, pharyn'x and cavity of the nose to be treated with a strong solution of potasi chloras.

T. L. Mc.—Age 40 years; American; dark eyes and hair, size above medium.

History.—Patient stated that he had had dropsy three months, and that his sight commenced to fail soon after he noticed the dropsy, and "as the dropsy got worse his sight got worse." He stated likewise that he had had rheumatism.

On examination the pupils appeared nodulated, cornea clear; tention normal; and no dilatation of the pupils.

Diagnosis.—Nephretic Retinitis.

A. W. C .- Age 40 years; American.

History—Patient stated that while he was trimming hedge "he stuck a thorn in his eye."

On examination it was found that the thorn had passed through the cornea and iris, near the pupilary margin, and through the capsuoe into the lens, resulting in traumatic cataract

Treatment.—The operation of keratonyxis was performed, after treatment cold compresses. Atropia.

Peter W.R.—Clay county, Mo.; age 21 years; dark hair and eyes; size, below medium.

History.—Patient stated that twelve years ago the family (seven in number) had sore eyes; himself was blind at the time, and has had one attack since.

On examination the cornea was found clouded, conjunctiva inflamed; vision, R. E., 1-10; L. E., 9-200.

Diagnosis.—Tracoma, phlyctenular keratitis and pannus, resulting, no doubt, from Egyptian opthalmia which the patient had twelve years ago.

Treatment.—The operation of syndectomy was performed

on L. E. After treatment, solution of atrophia, and cold compress.

Jan. 14—Counts fingers, two feet away, with left eye. Atropia continued.

Jan. 14. Miss W. American; age, —; medium size. Vision, L. E., 1-50; R. E., count fingers two feet. Conjunctiva congested.

Diagnosis.—Tracoma and pannus in both eyes; slight keratitis in L. E.

Treatment.—The operation of syndectomy was performed on both eyes. After treatment, atropia solution, and cold compress. Later on the following prescription may be used with good effect:

By Hydrar. Oxidum. Flavi Gr. j, Geleti Petroleii 3j. Signa.

Small quantity applied in eye once per day.

Jan. 14. Mrs. Mollie C.—Age 24 years, Irish descent, medium size, hair and eyes light.

History.—Patient stated that she "has a pain in both eyes," sometimes worse than at others; "has a hard pain in the side of her head, and that her head "hurts all through." She also stated that her mother had a similar affection and was almost blind before she died.

Examination.—Prismatic colors around the flame; pupil of L. E. dilated; disk cup-shaped, and some interocular tension, conjunctiva congested.

Diagnosis.—Pannus; symptoms of glancoma in L. E., and tracoma in both eyes.

Treatment.—For tracoma we will use the following:

R. Argenti Nitras Gr. viij,Aqua Distillata 3j.Signa.

Apply to eye three times per day, with camel's hair brush, after which neutralize the nitrate of silver with a solution of chloride of soda.

Expectant treatment for glaucoma:

R. Eserina Sulphas Gr. 1/8, Aqua Distillata 3j.

Sig. Collyrium. One drop twice per day.

Jan. 20.—Eyes improved; treatment changed, viz, atropia solution and the yellow oxide of mercury, mixture for the cornea.

Jan. 27.—Condition: Cornea clear, tracoma improved, vision of R. E. 2-5, L. E. ½; still some pain, treatment continued.

Jan. 14. David B.—age 67, native of New York.

History.—Patient stated that his sight began to fail ten years ago. Now everything looks foggy or cloudy.

Examination.—Opacity of the central portion of the lens; vision of R. E. 1-25, L. E. 1-7.

Diagnosis —Lamellar cataract R. E.

Jan. 14. Thomas A.—Age 24 years, native of Virginia.

History.—Patient stated that while chopping a chip struck him in the right eye, and that he "pulled it out," that he could see a little for a minute, then the sight was entirely gone. Had severe pain in the eye.

Examination revealed lacerated cornea, anterior and posterior synecha, opacity of the lens; the capsuoe having been ruptured.

Diagnosis.—Traumatic cataract.

Treatment.—A four-grain solution of atropia applied several times per day. Compress with cold water dressing.

Jan. 27. The inflamed condition improved. The lens continues to be absorbed. Pain subsiding.

The Professor stated that so long as this patient has normal sight in the good eye we will not disturb the injured eye by an operation for the traumatic cataract.

Jan. 20. John F.-Age 66 years, residence Colorado.

History.—The patient stated that twenty-two years ago his right eye "got powerful sore," and about two weeks afterward his left eye "took the same way," and that his eyes discharged a great deal of matter, and that the pain was worst in right eye.

Examination.—R. E., merely perception of light; L. E., could count fingers six inches away.

Diagnosis.—Entropion, symbolpharon, leucoma and pannus in both eyes.

Treatment.—An operation for entropion was first performed on the upper lid of each eye. Then a modified operation of syndectomy was performed by separating the conjunctiva from its corneal margin, then splitting it towards each canthus, then turning under the free edges and pushine them back beneath the palpebral conjunctiva.

While operating, the professor called attention to the abnormal adhesions of the external canthus, which he laid open by an incision three-quarters of an inch long.

After-treatment.—Solution of atropia, absorbant cotton to hold the newly made canthus apart, and cold compress.

Jan. 27. The patient, after having the bandage removed, could see and name various objects and individuals in the room. Result of operation good. The lower lids were inclined to turn in, and were treated with a solution of collodian, which in a moment drew the margin of the lid from the globe. Later there was a disposition of a small part of the upper lids to turn in on the globe, which was remedied by splitting the margin below the line of lashes and allowing them to roll out.

Myrtle M.—Residence Hancoke county, Ill. Age six years, dark complexion.

History.—The patient's mother stated that four years ago the child had diphtheria and "came near dying," since which time she has had this trouble.

Examination.—There was a small opening a few lines below the inner canthus, which, on pressure, gave exit to a muco-purulent secretion. Some ædema of the lower lid.

Diagnosis.—Necrosis of the lachrymal bone; lachrymal fistula, and stricture of the lachrymal duct.

Treatment.—Operated by splitting up the lower canaliculus and dilating the stricture, which was kept open by the

insertion of a silver stile into the duct. The edges of the fistula were then vivified and closed by a suture.

Jan. 24. Henrietta H.—Age 20 years; dark hair and eyes; residence Fort Scott, Kansas.

History-Trouble began three years ago.

Examination.—Vision R. E., could count fingers two feet away; L. E., 1-50.

Diagnosis.—Tracoma and pannus.

Treatment.—Syndectomy. After-treatment, atropia, cold compress.

Jan. 27. Pannus disappeared, cornea clear, vision, R. E. 8-13, L. E. 1-20. Can read No. 8 ——

REPORT UPON A SPECIMEN OF XANTHIC OX-IDE CALCULUS.

By W. W. KEEN, M. D., Surgeon to St. Mary's Hospital.

[Read Dec. 6, 1882.]

For the Index.

I desire to present for Dr. Geo. L. Porter, of Bridgeport, Conn., a specimen of xanthic oxide calculus. It consists of one-half of a stone, an inch and a half long and an inch wide. This half is to be deposited in the museum of the Jefferson Medical College, and the other half is in the Army Medical Museum, Washington, D. C.

So rare is this calculus that, including the present specimen, only eight have ever been described, and none of them so completely as Dr. Porter's. Moreover, this is the only specimen ever recognized and described by an American surgeon. Four of the specimens are British, two French and one German. Marcet in 1817 described the first calculus of this kind which was recognized.

The present was passed spontaneously by a woman eighteen years old. Its clinical history presents nothing specially worthy of note, but its chemical constitution makes it very interesting. Xanthine or xanthic oxide is analogous to

uric acid, having, however, one less equivalent of oxygen, and is the rarest of all calculi. In the New England Medical Monthly for May, 1882, Dr. Porter relates the case in full, with a drawing of the stone, and an analysis and comparison of the eight cases on record and some interesting remarks on xanthic oxide itself.

After the reading of the preceding paper:

Dr. John B. Roberts stated that in 1873 Dr. R. J. Lewis operated for vesical calculus by lithotrity on a man. The patient, who was aged 69 years, was an inmate of the Pennsylvania Hospital. The fragments were examined by the late Dr. H. B. Hare, the well-known pathological chemist, and found to consist of xanthic oxide. The patient was discharged by request of his friends, while some of the stone stone still remained in the bladder, and passed from the surgeon's observation.

Dr. James Tyson said that in connection with the case just reported by Dr. Keen, he desired to place on record a case which came under his own observation, of persistent cystin sediment in urine, concurrent with impacted oxalate of lime calculus. G. B. W., a very intelligent physician residing in one of the southern counties of Pennsylvania, and 45 years of age when he first saw him, was lithotomized in Baltimore when he was 28 years old, and a calculus of pure cystin removed. From that time he continued, according to his own account, to pass cystin daily. Early in January, 1879, a specimen of urine was sent to Dr. Tyson, in which there was considerable pus, and a proportionate amount of In this specimen there was found no cystin, but in later specimens the were found large numbers of the characteristic crystals, along with pus and albumen. A little later Dr. Tyson visited him at his home, and found him suffering greatly with extreme lumbar pain, attacks like which he had frequently had before, but the present was one of unusual duration, and had greatly prostrated him. seemed every reason to believe there was a calculus impacted somewhere between the left kidney and the bladder. His

sufferings continued and he was relieved only by death, which occurred on the 6th of March, 1879.

The following notes of the autopsy were received from Dr. Wm. B. Rowland, of Rowlandsville, Md.: The post mortem examination revealed a calculus in the left ureter, just ready to pass into the bladder. The calculus was the size of a large pea, and very rough. Just behind where the calculus was found in the ureter was a collection of pus dipping down into the pelvis, which would soon have made its exit through the ischiatic foramen if life had been prolonged.

The left kidney was somewhat enlarged, and the right was not more than one-fifth the usual size, but apparently healthy. No mention was made by Dr. Rowland of the liver, which was presumably healthy, but there was found in the gall-bladder a calculus an inch long and half an inch in diameter throughout its length.

The calculus which is presented to the college presented none of the physical and chemical characters of cystic calculi, which are smooth and friable, but is evidently oxalate of lime. This is particularly interesting in view of the fact that a cystin calculus was removed by lithotomy seventeen years earlier, and that the patient so persistently passed cystin crystals up to the time of his death.

A CASE OF OZEONA OF LONG STANDING—DESTRUCTION OF TISSUE.—DEPOSITION OF LARVÆ OR OVA OF THE SCREW WORM.—THREE HUNDRED DISCHARGED FROM THE NASAL AND BUCCAL CAVITIES.—DEATH.

By J. B. BRITTON, M. D., Mapleton, Kansas.

[Reported at the January, 1883, session of the South-east Kansas District Med. Society.]

The case, to which I beg leave to call the attention of the society, is by no means a common one, but which is likely, at no distant day, to become more so, especially in our lo-

cality, and is another evidence that as our medical knowledge evolves and increases, the field of research expands. Much lies hidden from the most careful observation, but the constantly operating law of evolution is ever bringing to light the things that are hidden. "For never yet has one attained to such perfection, but that time and place, and use have brought addition to his knowledge."

These ideas have been suggested from the fact that the case, which I shall endeavor faithfully to report, was the first which I ever saw, read, or heard of, until after the occurrence. And as there are some points upon which I am not determined, and the, to me, grave question, Did the patient die of this affection? I hope that I may be pardoned for being prolix, and introducing matters which may seem irrelevant.

On the evening of August 22d last, the patient, Mr. M. E. Hudson, complained of a peculiar sensation at the base of the nose and along the orbital processes, which was first followed by inordinate sneezing, and later by a most excruciating pain over the os-frontis also, involving the left superior maxillary. Early on the morning of the 23d I was called to see him, found him as above stated, and learned the incipiency of the attack. The pain following the course of the infra-orbital canal, and consequently the infra-orbital nerve. Taking into consideration the position of the foramen incisivum, which is just behind the front alevolar process, and which bifurcates above with each nostril, and containing a branch of the spheno-palatine nerve, and that the inner face of the upper maxillary bone contains a large cavity in the center of it-the antrum highmorianum, which orifice communicates with the nose (notwithstanding the assertions of some anthors that the escape of matter from the nostrils is no indication of accumulation or abcess in the antrum.) At this stage, however, there was no escape of matter, but I was led to infer that the patient was either suffering from inflammation of the antrum maxillam or from the effects of ozena, of which he had been afflicted for a

number of years. This attack, coming on suddenly, the suffering being so excrutiating, and the fact that the pain followed the course of the nerves before alluded to, inclined me to the opinion that it was the former of the two diseases. But for the better understanding of the case and its final result. I will state that he had suffered, and was still suffering, from an aggravated form of ozena. The discharge was quite purulent, of a yellowish color, frequently tinged with blood, with a very disagreeable odor, and at times intolerably offensive. His breath being revoltingly disagreeable, and had not his sense of smell been wholly impaired he would have been an object of disgust to himself. To an extent. this disease had permeated his whole system, his left lung especially gave him a great deal of trouble; his heart, liver, kidneys, stomach and bowels would each in turn sympathize with this terrible malady, of which it has been truly said, is one of the most obstinate and disagreeable affections which the physician has to encounter.

I had trequently administered remedies for the relief of the various complications, but had never treated the ozena proper, so on this occasion administered such medicines as I thought would afford the most speedy relief. The different anodynes were used in augmented quantities and frequency, by the mouth and hypodermically. Hot fomentations were applied, escharotics used, but no particle of relief from the intense pain. On the 24th there was a profuse discharge of much purulent matter from the nostril and mouth, when all pain instantly subsided. This discharge continued for three days, during which time there was as much as sixteen ounces escaped, increasing, however, in consistency until it was pure pus. Upon the commencement of the discharge I used a douch of tepid carbolized water of 5 per cent., syringed with a solution of bromo, myrrh, etc. Previous to this I had ascertained that the old trouble, ozena, was making considerable inroads. The odor becoming much more offensive, his cough was more troublesome, and fever increased to such an extent as to produce slight delirium for twelve hours.

There was but little difficulty in subduing fever, and never after was there any of consequence. Preceding this exacerbation he complained of a very severe and acute pain in the right lung, which had never previously given any trouble. Opiates afforded but slight relief, when a blister was applied, and so soon as an eschar was produced the pain subsided, and no further complaint of it was heard, which was contrary to my expectations. A minute and thorough examination of the lungs revealed the fact that there was an emphysematous condition of the greater portion of the right and the lower lobe of the left, attendant with dyspnœa almost continuous, and frequently amounting to distressing paroxysms. Hypertophy and dilatation of the heart, confined principally to the right side, had existed for several years.

At this stage there was no involuntary discharge. What was thrown off was with much difficulty expectorated, and was sanious, containing microscopic particles of osseous matter, together with flakes of plastic exudation. The os hyoides was evidently destroyed. The patient had spoken with difficulty for the past thirty-six hours, and there was much trouble in swallowing. The soft palate had evidently given away, and an entire inability to protrude the tongue or use it in speech.

About this time a worm similar to a maggot dropped from his nose, but upon close examination it was found to be larger, longer and similar in appearance to a screw; indeed it was what is known as the "screw worm." That was the first indication, or suspicion, that there was anything of the kind present. There was not, as in other cases which I have since seen reported (one of which I shall crave your indulgence to read) any swelling, movements tracable under the skin; nor was there at any time any complaint of the patient calculated to lead to a knowledge of their presence. After the appearance of the first I expected more, and was surprised to see them drop from the nostrils and wiggle from the mouth without any discomfort to the patient, until they

came in contact with the schueiderian membrane, when they annoyed him greatly, and every effort was made on his part to expel them; but so soon as expelled no further trouble was manifested, until another would get in the nostril. Every effort was made on my part to discover them under the tissue, but the soft palate being destroyed to a great extent, and the palatine arch apparently lowered, it was with much difficulty that an examination could be made. worms were evidently burrowing under the palatine facia, as it presented a honey-combed appearance, and in places patches were totally destroyed as large as a dime. They continued to drop from the mouth and nose, forced from the nostrils by the efforts of the patient, for the following forty-eight hours, during which time 227 were counted, and the estimated number exceeded 300. At this time the whole of the soft palate was destroyed. The patient lived four days after the last worm came away.

I procured several of the worms, but unfortunately dropped them into a vial which had contained carbolic acid. In a day or two they were discolored, diminished greatly in size, and their appearance so unlike the natural, that I did not keep them. I, however, put five of them in dry earth, and in fourteen days from the time they dropped from the nostril they hatched out three flies, which I present for your inspection.

Upon a very minute and careful examination, after death, I was astonished to find that all the tissue covering the cervical vertebræ, as far down as I could see, by throwing the head back and compressing the tongue, were wholly destroyed and the vertebræ exposed. The palatine bones broke with the slightest pressure of the finger. The os byoides was destroyed and the nasal bones loose, only held in position by the superficial fascia.

My own theory is that the fly deposited the eggs while the patient had slept, probably the day previous to the peculiar sensation and sneezing first complained of. At that time they had acquired vitality enough to move, and thus annoy

him, while in contact with the sound flesh. So soon as they came in contact with the unsound flesh, or that affected by the catarrh, being, as it must have been, gaugrenous, they gave no further trouble.

A short time after the death of this patient a friend was visiting me from Texas, from whom I heard of two cases similar, in his immediate neighborhood, (Gainsville) one the wife of a minister, whose nose was bleeding at the time the fly deposited the eggs, which circumstance was remembered upon the first appearance of the worms; that is, she remembered hearing the buzzing of the fly while her nose was bleeding. They were removed in a short time, as they had not encroached beyond the nostril, and the lady recovered. The other was a colored woman, who died in a few days after the discovery of the worms. I was informed by this gentleman, who is an extensive cattle dealer, that this affection was not an uncommon occurrence in Texas, he having heard of a number of cases. From him I learn that this fly is indigenous to that state, so well as some of its peculiarities, one of which is that it never rests or alights upon the part or sore upon which it deposits its larvæ, but, in passing over it, drops a gelatinous substance, which adheres, and passes on until the substance breaks off. Upon microscopic examination, this substance, of but a few lines in length, is found to contain hundreds of eggs. Stock of every description with the smallest abrasions on their bodies are soon infested with these worms, and if no preventive is used they manifest by their actions much suffering, refuse to eat, lose flesh, and in a short time perish. As the flies are very numerous they continue to deposit their eggs, the worms continue to burrow, some coming out, others going in, until the poor brutes in many instances act as if they were possessed of devils. Stock men keep a close outlook for these abrasions, sores, etc., and, as soon as discovered, the animal is caught and the part well annointed with "citrine ointment." If any larvæ have been deposited this destroys them and prevents the hatching, as the ointment it is thought

does not annoy or keep away the fly, from the fact that they do not come in contact with it. After having used some disinfectants, such as carbolic acid, turpentine, etc., I find that kerosene oil is a "dead-shot" to eggs and worms.

Upon inquiry among stock men and farmers they tell me that it is only within the past few years that they have been troubled with these flies, and it is their opinion that they have been imported by Texas cattle-not as a fly, but in the worm state, as the worms, at a certain stage, leave the animal and immediately screw their way into the earth, from whence they emerge as the fly. Some have gone so far as to entertain the idea that instances of stock dying with hydrophobia might have been traced to these worms. Prof. Snow, of the Kansas State University, having within the past year examined several specimens of worms and flies, says that they are the first which he ever saw, and that they are of recent date in this state. In a case reported from Little Rock, Ark., a boy eight or ten years of age was affected to the extent of an almost entire destruction of the palatine tissues, death ensuing and no knowledge of the existence of the worms until after death. The writer, a physician, stated that up to that period they were entirely unknown in Arkansas.

PINUS CANADENSIS.

Through the kindness of the manufacturing agents, Messrs. Richardson & Co., St. Louis. Mo., we were recently furnished a sample of this preparation and, on trial, have found it one of the best mucous astringents it has ever been our pleasure to use. We have tested its merits only in nasal catarrh, and find it decidedly valuable.

Prof. Wiggins, in a recent dispatch, says that owing to a counter current of electricity, caused by The Kansas and Mo. Valley Medical Index, the storm was a failure.

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., Fort Scott, Kansas, W. C. BOTELER, M. D., St. Joseph, Missouri, Editors.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department.

THE EFFORT FUTILE—THE SOLONS OF THE HOUSE OF REPRESENTATIVES FAIL TO PASS THE BILL CREATING A STATE BOARD OF HEALTH.

The efforts of the committee appointed at the last session of the Kansas State Medical Society to secure the passage of the Schencks bill (published in The Inder in July, 1882), have been futile. The measure passed the Senate, but after being referred to a special committee and reported on favorably, was not reached on the calendar. We regard this failure to create a State Board of Health one of the disgraces of the present Legislature. The idea that the State of Kansas, always foremost in measures of advance and progress, should be one of two, or perhaps four. States in the Union without a supervision of the public health, is, to say the least, humiliating to every one having the interest and welfare of the State at heart. But such will ever be. The average legislator shapes his vote by the amount of po-

litical capital behind it, and upon all questions which have an undeveloped future before them, which he fails or cannot foresee, prefers not to have the measure come up at all, and thus remain uncommitted on the question. The utility, necessity or justice of a measure cuts but little figure.

THE BEST ANTISEPTIC.

As the Germ theory of diseases assumes a wider and more extended course the demand for a remedy,—an antiseptic,—either generally or specially in an individual case, which can be employed with safety, becomes important. Carbolic acid, thymol, salicylic, benzoic acid and iodoform have had their sway and adherents. The experiments of Koch and others have called attention again to the old veteran bug-exterminator, mercury, and we notice a gradual return to this drug, whose well-known properties as an antiparasite of all forms is indisputable. Tarnier employs corrosive sublimate in the maternity ward. (1 in 1000.) Every attendant on entering the ward is compelled to wash his hands and arms in the solution. The patient's genitals are bathed in a solution of 1-2000 part. Billroth is using a solution as a dressing, -1-5000—with good and satisfactory results.

The claims which every now and then are made for calomel in diphtheria may perhaps be explained on this ground. Other and equally, to all appearance, irrational uses of the drug will, perhaps, offer other illustrations. At all events the anti-parasitic virtues of the drug are well established, and if sepsis is due to a parasite. Mercury in some forms may be employed for the purpose of destruction, provided always, of course, that it may be employed with safety to the individual.

THE DIGESTIBILITY OF OYSTERS.

Why oysters should be eaten raw is explained by Dr. Wm. Roberts in his lectures on digestion. He says that the general practice of eating the oyster raw is evidence

that the popular judgment upon matters of diet is usually trustworthy. The fawn-colored mass, which is the delicious portion of the fish, is its liver, and is simply a mass of gly-cogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digest-ive ferment hepatic diastase. The mere crushing of the oyster between the teeth brings these two bodies together, and the glycogen is at once digested without any other help than the diastase. The raw or merely warmed oyster is self-digestive. The advantage of this provision is wholly lost by cooking, the heat immediately destroying the associated ferment; hence a cooked oyster has to be digested like any other food, by the eater's own digestive powers.

"My dear sir, do you want to ruin your digestion?" asked Professor Houghton, of Trinity College, one day, of a friend who had ordered brandy and water with his oysters in a Dublin restaurant. Then he sent for a glass of brandy and a glass of guinness' XX, putting an oyster in each. In a very short time there lay in the bottom of the glass of brandy a tough, leathery substance resembling a glove finger, while in the porter nothing could be seen.—The Journal of Health.

A LARGE DOSE OF CHLORAL.-Dr. M. J. Madigon, formerly of the New York City Asylum for the Insane, reports a wonderful recovery from an overdose of chloral. physician, addicted to the abuse of both spirits fermenti and chloral, assistant physician in an insane asylum, during the absence of the superior attendant, administered to an epileptic maniac one ounce of chloral hydrate dissolved in water. The patient sank immediately into a sound slumber. administration of a fatal dose having been discovered, the stomach pump was immediately applied and hypodermic injections of whisky and strychnia administered. It is stated that, although nearly all of the narcotic had been absorbed before assistance was rendered, after a relatively natural slumber of forty-eight hours the patient recovered. Conynlsions were afterwards fewer. Digitized by Google DEATH FROM CHLOROFORM.—Dr. J. Edwin Michael reported at the last meeting of the Clinical Society of Maryland the death of a patient, fifty years of age, anesthesized with the above for the purpose of being operated on for stricture of the membranous portion of the urethra. External urethrotomy was about being performed, but during the stage of excitement the patient raised up suddenly, fell back and expired. Two ounces of whisky had been given in separate doses of one ounce.

FOR WHOOPING COUGH.—Dr. J. J. Caldwell states that the following prescription, used as a spray, is a sovereign remedy in pertussis:

Ry ext. Belladonnae fi gtt 12. Ammon. Brom., 9 i. Potassae Brom. 3 iv. Aquae Destil, 3 ii.

Spray for ten minutes every four hours.

THE ABORTIVE TREATMENT OF GONORRHEA.

Dr. Beresford Ryley writes to the Lancet on this subject. He reasons first, that two diseased surfaces in constant and close apposition with each other are unfavorably placed for recovery; therefore he separates the walls of the inflamed urethra by injections of hot water retained for twenty minutes or longer, which he accomplishes by the aid of a simple spring forceps to hold the extremity of the penis. Secondly, the gonorrheal discharge must perpetuate and increase the inflammatory stage, therefore the injections, when frequently used, will have a salutary effect in this direction. Thirdly, it being well known that hot fomentations and applications are soothing and emollient in all inflammatory conditions, it follows that these hot injections and hot baths and the application of hot water, must be beneficial.

And, lastly, certain drugs that have a styptic effect on the genito-urinay mucous tract are plainly indicated. But experience proves that they can only be administered with benefit after the more acute symptoms have subsided. I therefore give the liq. copaivæ comp. when that stage has been

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reached, which is generally the case within a few days under the treatment indicated, and at the same time add three drops of liq. plumbi to each ounce of the injection, which must now be made with distilled water, and used less warm, or altogether cold. In some cases weak injections of nitrate of silver or chloride of zinc may now be of great use. need scarcely add that the regimen, alimentary and medicinal, must be strictly non-inflammatory in the acute stage. Will you permit me to say, in conclusion, that I think the modus operandi of Mr. Cheyne's treatment and mine is very much the same-viz., separation of the walls of the urethra, dilution of the discharge, and lubrication of the inflamed surfaces with the cocoa-butter bougies. His objection to injections, that their effects "are only momentary," cannot apply to the manner in which I recommend them.—Medical and Surgical Reporter.

REVIEWS AND LITERARY NOTES.

"THE REPRODUCTIVE ORGANS," BY WM. ACTON, M. R., C. S., ETC., LONDON, ENGLAND.

Few works of more value have ever been presented the medical profession, Dr. Acton has made an exhaustive research in his handbook of 300 pages into what the collaborators of volumes have oftentines failed to elucidate. The functions of these parts are first considered, as to their normal condition in childhood. This is followed by a complete treatise—Part second—upon the abnormal conditions of this period of life.

The author then takes up the second period, or the functions and disorders of youth, including the development of the normal sexual condition and its abnormalities, arising from incontinence, masturbation,—insanity, phthisis and heart disease arising therefrom.

The third period, or the functions and disorders of the reproductive organs in the adult, is one of the most satisfactory. The physiology of the sexual act and its pathological conditions, including irregularities of erection, priapism, salyriasis, emission, normal and abnormal, with the normal and abnormal conditions of the semen, receive attention.

Sexual intercourse, marital excesses, early betrothals, long engagements. impotence, with the functions and disorders of these parts in more advanced lite, concluding period fourth, close this most valuable treatise. The diction of the work is plain, easy and elegant; its material invaluable. No physician or husband should be without it. It is a professional work of practical and invaluable common sense.

Price, \$2.00. P. B. Blakiston & Sons, Philadelphia, Pa.

PAMPHLETS.

Characteristic labor scenes among the yellow, black and red races.

Massage and expression, or external manipulations in the obstetrics.

Practices of primitive people.

Pregnancy, parturition and child-bed among primitive people.

Ovariotomy and primary cancer of the corpus uteri. Diagnosis and treatment—Freund's operation and the scoop, —by Geo. J. Englemann, M. D. Professor of Obstetrics in the post-graduate school of the Missouri Medical College, Fellow of the Obstetric Society of London, the London Pathological Society, and the American Gynecological Society.

These valuable reprints, interesting to every student of scientific surgery, are but a faint reflection of the zeal and untiring energy of their most talented author.

That Dr. Engleman has done more to popularize the real philosophy of labor, and to establish the correctness and importance of a well-selected obstetric position, than any other living writer, none will deny. His investigations into the above subject have extended to observations among the Mongolians, Japanese, Calmucks, Negroes, East-Indians, and every tribe of the red men of America; the Mexicans, Maylays, Esquimaux, and, it seems, almost every viviparous human creature. His style is easy and elegant; his inductions irreproachable.

Send for them. Geo. J. Engleman, M. D., St. Louis, Mo.

A psychial analysis of a legally sane character; (the mental status of Guiteau, as gleaned from his speech and conduct..)

A case of insanity related by a mother and reported by C. H. Hughes, M. D.

—The two last come to us as reports from October number of the Alienist and Neurologist. Both are from the pen of the editor, C. H. Hughes, M. D. The first is a close analysis of the Guiteau case. The author, in company with many other psychologists, arrives at the conclusion that Guiteau was insane.

Seventh Annual Report of the President of John's-Hop-kins' University, Baltimore, Md.

It is with unfeigned pleasure that we greet and review the above, calling to our mind, as it does; an agreeable association of days now passed and gone. This most valuable institution of learning was founded by the will and bequest of Johns Hopkins, a respected old Maryland millionaire. Upon the death of Mr. Hopkins, his will was found to contain full and explicit directions as to the founding of his post-graduate school.

His whole estate, valued at four or five millions of dollars, was placed in the hands of trustees for the subsequent use of the University. Several years of laborious work were spent in selecting a faculty from available professors in the famous universities of the orient, and, in 1875, the temporary buildings having been erected, for the first time the doors of this famous institution were opened to the public. The institution is patterned after the old universities of Oxford and Cambridge, having a full corps of Professors, Lecturers, Associates, Fellows, Instructors and Assistants. Dr. Gillman, of the University of San Francisco, was selected by the trustees as President; and a more pappy selection could not have been made.

Biology, chemistry, physics, mathematics, psychology, history, literature, German, French, Latin, Greek, logic, po-

litical economy, sanskrit, drawing and elocution form a part of the college curriculum, and the most thorough courses of practical laboratory work, impressed by vivisections. The laboratory of biology, under the control of Prof. J. N. Martin, from Cambridge, England, is usually selected by graduated physicians, in which to prepare themselves thoroughly to prosecute physiological, pathological, and microscopical work in after professional life. No place can be more fitting, and none are better supplied with either experienced teaching or more scientific appliances. We would advise all to send for catalogue, and read of the valuable progress this enviable institution has made. Address D. C. Gillman, L. L. D., Baltimore, Md.

Hall's Journal of Health No. 1., Vol. 30, editor, E. H. Gibbs, A. M., M. D., one of the most practical, readable and valuable medical monthlies, it has ever been our pleasure to review. We gladly welcome same to our sanctum, and will expect its monthly return. Address 135 Eighth St., New York.

NOTICE.

An Army Medical Board has been ordered to assemble at the Army Building, corner of Houston and Greene Streets, New York City, New York, March 1, 1883, for the examination of such persons as may be properly invited to present themselves before it as candidates for appointment in the Medical Corps of the Army, and will probably continue in session about three months.

All candidates for appointment in the Medical Corps must apply to the Secretary of War for an invitation to appear for examination. The application must be in the handwriting of the applicant, must state date and place of his birth and place and State of which he is a permanent resident, and must be accompanied by certificates based on personal acquaintance from at least two persons of repute as to citizenship, character and meral habits; testimonials as

to professional standing from Professors of the Medical College at which they graduated, should also accompany the application if they can be obtained. The candidate must be between 21 and 28 years of age, (without any exceptions), and a graduate of a Regular Medical College, evidence of which,—his Diploma, must be submitted to the Board.

Further information regarding these examinations and the nature thereof can be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.

EIGHTEEN HUNDRED AND EIGHTY-THREE THE GREAT ERA IN MEDICAL JOURNALISM.

It was this journal, the pioneer medical publication of the "Great American Desert," now the wide and fertile Missouri valley, which first predicted to the medical world in 1882, that a new era in medical literature would be inaugurated in this country in 1883. Without any great data upon which to base our opinions at the time, or any invariable rules of rotation to guide us, we felt confident of the same, and with much gratification can we now point to a consummation of even more than our most sanguine hopes. less than fifteen changes in name, style of publishing firms, consolidations, etc., have already been effected, besides some twelve or fifteen new applicants for favor that have appeared in the field. The key-note to the above is the part of the question most interesting. It is surely not the temptation of profit that lures medical talent into these hidden paths. Other incentives must exist, else why do we note consolidations, combinations of old and well-established publications; monthlies becoming weeklies, etc. It is trom these two considerations that we can most probably glean the truth and pith of our query.

In the progress of intellectual development and the spread of civilization, it would be a subject for our commisseration if medical thought were caught napping or medical talent

lay dormant, even for a while. Happily this has not been the case, and there is no more certain or reliable criterion from which we can form our inductions as to the general advancement of medical talent, medical literature and medical men, than to note the increas: in the number of those working to renovate, heighten and improve the tenor of professional literature. In our section alone, five valuable publications, by combined effort are now laboring as three, concentrating thus the disconcerted effort of the many into the more effective and the more concentrated interest of the few. It is a subject well worthy of our congratulation that thus. with the opening of a new year, has dawned a new era of unquestioned progress in medical literature, one that indicates not only a want of professional talent, but one that also demonstrates a happy supply of this want by the advent to our ranks of an array of effectual and well-equipped workers.

To supply the demands of our own section west of the Mississippi river, where progress is the watch-word of events, some medical colleges exist with legitimate charters, graduating annually a hundred well-equipped medical practitioners, too combat the diseases of a rapidly-filling count To meet the demands of five thousand professional minds thus ever active in the cause of suffering man, now five medical journals are being published, with extensive circulations, these collating the fruits of the latest discoveries, and disseminating the same again to the anxious practi-The Courier of Medicine still stands at the head of his file, the Surgical Reporter, the Weekly Medical Review and the Kansas and Mo. Valley Medical Index, established and well circulated on either hand, with no less than three other new recruits now entering on the field ready and wellprepared for effective work.

A NEW OPERATION FOR CHRONIC CYSTITIS.

Chronic cystitie with enlarged prostule, in advanced life, is the bane of old men, not infrequently requiring the use

of the catheter, and tending to over distension. Sir Henry Thompson has devised an operation which accomplished the desired indication, namely, rest for the bladder and urethra, and it is performed as follows:

Patient in the lithotomy position, under ether. A vertical incision made into the raphea, a grooved director having first been introduced into the bladder. The opening is made just above the anus, only large enough to admit the index finger, ending in the staff at the membraneous portion of urethra, which should be divided for one-half an inch at the most. The staff is withdrawn and a large vulcanized catheter or tube, about No. 20 (E scale), is inserted, with the end just within the bladder, and securely tied by the means of tape, and allowed to remain in several days. The relief, he claims, is immediate and remarkable, the urine changes in a few hours, from muco-pus and blood, soon becomes natural in color and acid. The perineal wound usually heals rapidly, and the troublesome symptoms do not reappear.

HOW TO SLEEP.

"Health and comfort depend very much on attention to matters that to some seem very trivial," says Dr. E. H. Gibbs, in the New York Journal of Health. sometimes heard persons complain that they did not sleep well; that they were troubled with horrible dreams, and arose in the morning weary and nervous. Inquiries as to diet, exercise and other essentials of health have often failed to reveal anything that could account for these unfavorable It is not well, in these cases, to limit our inconditions. quiry to the routine of a day, but we should inquire at what hour the patient goes to bed, what he thinks about usually, and most particularly what position he places himself in to invite sleep. If he lies on the back, with his hands over his head, there will be a half-conscious sense of compression of the chest, with difficult breathing, to relieve which he opens his mouth. The air coming in direct contact with the throat causes dryness; then snoring will begin. In the meantime, the pressure of the viscera on the large artery, whose course is along the inner portion of the backbone, impedes the circulation of the blood, producing discomfort which manifests itself in horrible dreams. Thus the whole night is passed in disturbed sleep, and perhaps many nights pass without one of refreshing sleep. The most unwise course under such circumstances would be to resort to the use of opium or any other drug. The ranks of the victims of this infortunate habit are recruited mainly from such cases as we have described. It is wonderful what a control an individual can get over himself if he tries. There is no reason why a person cannot lie upon his side instead of his back. and keep his hands and arms down; then he will not open his mouth, then his throat will not become dry, neither will he snore or have bad dreams. Often, however he cannot help thinking about his business, and his thoughts will run for hours. This is also a habit that may be broken up. Have the will to put aside your thoughts, and in time you will have the power to do so.

We do not say that there are no other causes that habitually interfere with sound sleep, but we believe there is a remedy for each difficulty, which may be found by seeking for it.

Whil'st there can be no question as to the truths of the above valuable treatise, a subject as prolific as the above, and one so strikingly important to the laity and the profession, should, we think, have received more extended treatment at the hands of the above-mentioned writer. The improprieties of heavy evening diet, of ill-ventilated and contracted apartments, the ill results of constipation and nightly stimulants, form another department of the subject well worthy of the attention of all.

[&]quot;The percentage of college-bred men in the medical profession," is the title of a paper read before the American Academy of Medicine, Oct. 27, 1882, by Charles McIntire, M. D. of Easton, Pa.

Miscellaneous Jtems and Notes.

Dr. Mudd, sentenced to life imprisonment at the Dry Tortugas and the Albany penitentiary for harboring John Wilkes Booth, and afterwards pardoned by President Johnson, who sentenced him, died January 3d at his residence near Bryanstown, Charles county, Maryland. After the assassination, Booth and Harold rode to Dr. Mudd's home, and he dressed Booth's injuries. He found Booth's right leg fractured and the bone broken through above the ankle. The leg was much swollen, and Dr. Mudd insisted upon Booth's remaining at his house over night. For this he was sentenced. Having rendered valuable aid during the yellow fever epidemic of Dry Tortugas, he was pardoned. Dr. Mudd was of an old family of prominence.

COLLEGE COMMNCEMENT.

The Northwestern Medical College, of St. Joseph, Mo., held its third annual commencement at Foote's Grand Opera House, on the evening of February 22d, 1883. Eighteen gentlemen received the degree of Doctor of Medicine. The commencement exercises were opened by prayer by the Rev. Mr. Van Dementer, of the Social Methodist church. opening address to the graduates was delivered by the Honorable Mayor, J. M. Posegate, who, in happy words of well selected advice, urged the young gentlemen to a consummation of high and noble aims. The class valedictory was delivered by Mr. W. S. Chenowith, he acquitting himself in an oratorical manner of a most learned and polished address. Music was constantly supplied by Prior's full military On behalf of the faculty, Dr. S. T. Carpenter extended a parting valedictory to the students. The diplomas were awarded the graduates from the hands of the president in a neat and well chosen speech. After which, the evening's exercises were closed by prayer from the Rev Dr. This institution is now the oldest medical college Harris. in St. Joseph, and is attesting by its extensive patronage Digitized by GOOGIC and its merits a place soon second to no medical college in the west.

In the examination of each individual applicant one hundred questions were asked; 80 per cent required correctly to pass. Of twenty applicants, eighteen passed their required grade successfully, and of this number, two-thirds averaged over 92 per cent. This is surely a good showing for a medical institution anywhere, and plainly evinces what can be accomplished by thorough and persevering work. In medical education, it is not ostentatious display, but unremitting and thorough work that brings results.—Reporter.

Chlorinated olive oil is a new remedy for scabies.

Annual report of the Surgeon-General, U. S. Army, 1882, War Department, Washington, D. C.

First Bi-ennial report of the Michigan Free Eye and Ear Infirmary, Detroit, George S. Davis publisher; compliment of Dr. C. J. Lumly.

The electric light is being used for more complete illumination in certain surgical operations, and especially laryngoscopic work.

An annual address was delivered before the American Academy of Medicine at Philadelphia, Oct. 26, 1882, by Traill Green, A. M, M. D., President of the Academy.

"Some thoughts on phthisis with special reference to the value of laryngeal symptoms in diagnosis."—"Menstrual Amblyopia," both by M. F. Coomes, M. D., of Louisville, Kentucky.

"Use of the ecsaseur for curing deep-seated fistula in ano," by J. M. F. Gaston, M. D., of Campinas, Brazil. Extract from the American Journal of the Medical Sciences for July, 1881.

I have used S. H. Kennedy's Concentrated Extract Pinus Canadensis in some affections of the rectum, vagina and I have used it considerably diluted, as a vaginal wash, with great success; but I prefer to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine, or glycerine and rosewater. Thus applied it should remain intact for two or three, or even four days, and then In this way I have seen chronic granular vabe renewed. ginitis remedied in few days that had а the ordinary remedies for weeks: and have seen granular erosions, with leucorrhea, disappear very rapidly under its I have not time to do more than call the attention of my professional brethren to this extract, which I am sure will soon be recognized as a valuable addition to our Materia Medica. J. MARION SIMS. M. D.

267 Madison Avenue, N. Y.

St. Louis, Mo.

I frequently prescribe Celerina when I want to use a reliable compound of celery and coca, and the prescription has give me satisfaction in its results as a nerve-tonic in many cases.

Yours very truly,

C. H. HUGHES, M. D.

Lecturer on Psychiatry and Neurology, Post-Graduate Faculty, St. Louis Medical College, Editor Alienist and Neurologist, etc.

ERRATA.—In February No., page 48, line 6, "crossgate," etc., should be "arrogate the credit," etc.

"The legal responsibility of surgeons for un-united fracture." A reply to Dr. Foster Pratt's paper, by Donald Maclean, M. D., reprint from Physician and Surgeon, Ann Arbor, Michigan.

On the death of Sir Thomas Watson, Dr. Wilson Fox was appointed physician in ordinary to Queen Victoria. Dr. Fox is succeeded by Dr. Owen Rees as physician extraordinary.

. Reviews and Literary Notes.

Gaillard's Medical Journal and The American Medical Weekly have been incorporated and published as one, with the title of the older, Gaillard's Medical Journal. These two most valuable magazines, being now published as one, and issued weekly to subscribers, constitute one of the very best resources for the most reliable and recent medical information. Subscribe for it. Office, 77 Astor House, New York. Subscription, \$5.00.

Polio-Myelitis from Tobacco.—A case comes to us from Indianapolis, of a child who became a smoker at two years, beginning with very mild cigarettes, which his mother bought him to keep him quiet. He soon took to strong cigars with great enjoyment. At the age of four the child was under treatment for polio-myelitis from tobacco.—Gaillard's Journal.

Dr. Wm. A. P. McDonald, of Lynn, Mass., has brought suit against the Rev. Patrick Stain, of St. Mary's Roman Catholic church of Lynn, for \$16,090 damages. It is claimed that the reverend Christian gentleman charged the physician with being unskillful, and advised persons not to employ him. So much for a Christian "stain" of character.

We have received the first annual catalogue of the Cooper Medical College, San Francisco, with dedication address by the benevolent Dr. Levi C. Lane. The Cooper Medical College starts out under the most gratifying prospects. Dr. Lane has donated a new building valued at \$100,000, and at his request the college was named after Dr. E. S. Cooper, one of the pioneer teachers of medicine on the Pacific coast. The three year course has been made obligatory.

THE

Kansas **& M**o. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4.

FORT SCOTT, KANSAS, APRIL, 1883.

No. 4.

PRIGINAL COMMUNICATIONS.

VALEDICTORY ADDRESS.

BY C. P. LEE, M. D.,

Upon Vacating the Chair as President of the South-Eastern Kansas Medical Society.

Members of the Society:—We acknowledge ourselves debtor to our race; "No man liveth to himself." It does not matter whether our duties are acknowledged or rejected; they constantly follow us with the certainty of fate. We declare ourselves debtor to our fellow-man, to cheer and gladden the weary walks of our race, and to make the most of a world on which the Creator pronounced the ancient benediction of "very good." It should be our duty then to use, to combine, in unnumbered ways to investigate, the fundamental laws of nature, and especially those pertaining to life. And as we enter upon the study and dominion of life, we find ourselves placed in a boundless field. We may see it here as finite, it extends on to the infinite life.

We are many times induced to believe that by the aid of

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the microscope, we have got to the minutest atoms, where life first buds out of dead matter. But who among us is even sure of this? This may be; none of us will, nevertheless, be enabled to measure the upward strides of that which takes in at least the true cause of all being. We may be enabled to study the simple organized cell which carries on all the necessary functions of life; which presents itself at first in one entire mass of homogenous matter, destitute of any distinct organs, and yet it has within all the elementary and essential properties of life. "It lives."

We will watch the homogenous mass for a little while, and it will be found that one has become two, and the two four and the four eight; and thus we may go on until lost in progression beyond the ability of computation. We find that two distinct forms of life are essential to the existence of our race, viz., the animal and vegetative, which hold a close and most important relation. We will not only find a very interesting interdependence, but there is also a very natural dependence within the dominion of nature.

We do not only suspect, but we know that these two forms of life are separate links in the great chain of organized beings. The growth of one is dependent upon the growth of the other.

We, as members of our profession, should not be, and we have no right to be, contented with present views and attainments. Every branch of professional investigation should have "Excelsior" written over its gateway. He would be a novice indeed who supposes that the physician has gone as far in perfecting the pursuits incidental to his high calling as can be desired.

The medical profession and its practices as viewed at the present day and age of the world, admits of many features incidental to its pursuits, to which I shall briefly call your attention. I trust you will indulge me for a few moments. In asking the question "Of what does the medical profession consist?", the answers would necessarily be various with different individuals. Opinions may differ,—such is the in-

feriority of human judgment, on the most tangible of objects, and it would be too much to expect that there should be uniformity regarding a subject necessarily more or less ideal.

I claim it one of the grandest of human offices to relieve the suffering and to cheer the mind depressed through bodily infirmities; to shield from assaults of disease, and, when failing in this, to smooth the rugged path to the inevitable tomb. I cannot conceive a loftier mission,—one which more closely assimilates the human with the divine. All this comes within the sphere of the physician's calling, for he is no mere blind materialist, who sees before him only so much flesh, bone, nerves and blood, which it is for him only to influence with the remedies which he may select from the materia medica. Our patients are living beings, endowed with feelings, passions, hopes, aspirations, fears, and all that is implied by the term "soul," all of which are duplicated in the physician's own material self.

Able and intelligent men constitute that class who see in medicine a science, and they are continually seeking to find their field for scientific investigation. In medicine and its pursuits is involved a science, and there is no other distinctive calling which affords so large a scope for the scientifically inclined. Its foundations are laid in what are distinctively known as exact sciences,-anatomy, physiology and chemistry,—and in utilizing these, harmonize with vital for-There is no field to which science yields such wholesale returns for conjecture for such a small investment of facts, which furnishes no counterpart. "It is not only," says Sir James Paget, "that the pure science of human life may match with the largest of human sciences in the complexity of its subject matter; not only that the living human body is in both its material and also has its indwelling forces, the most complex organization yet known, but that in our practical duties this most complex thing is presented to us in almost infinine multiformity. For in practice we are occupied not only with a type and pattern of human nature, but with all its varieties with all classes of men, of ev-

ery age and every occupation, in all climates and in all social states; we are obliged to study men singly and in multitudes, in poverty and in wealth, in wise and unwise living, in health and in all the varieties of disease; and we must learn, or at least try to learn, the results of all these conditions in the mingling of families, as they are heaped together, confused and always changing.

In these conditions man, in mind and in body, must be studied by us, and every one of them offers some different problem for inquiry and solution. Whatever our duty or our scientific curiosity, all are in happy combination which may lead us; there are the materials and there the opportunities for special and original research."

We also find that the medical profession has a three-fold mission. There is nothing wrong in regarding it as purely a business, and as a means of livelihood, for if this be looked upon as being an evil, it carries with it an antidote; its philanthropic and scientific features largely determine these limits.

It is not at all strange many times to find members of the profession much inclined to skepticism, and this is not by any means found among the faint-hearted; and many times among the most intelligent in the profession and out of it. The present may truly be termed a distinctively scientific age; and here permit me te remark that science is skeptical on all points not admissible of demonstration, withal it is an accepted fact that much of the hypothesis upon which it is founded is nothing more than conjectures, and will not admit of being demonstrated.

It is our mission to discover the nature rather than the cause of things; to accept circumstances as they are presented rather than to account for their existence; to deal with facts rather than by hypothesis. But the temptation is so natural to the human mind to go back of the effect and to inquire into antecedent causes, and scientists have many times yielded to this dilemna.

We find that the skeptics of medicine at least, are most

abundant among those who know least of the subject upon which they doubt. Among the traducers of medicine we will find the skeptic associated with the most infantine superstition, the sa ne sneering, jesting spirit which believes nothing, believes everything, and accepts nothing without suspicion, homeopathy, spiritualism, mesmerism, tables-turning, &c., without any other reason that it is that of fantasy. This is not only found among the uneducated; it is frequently found among the cultured, and in minds otherwise intelligent; and many times in individuals highly educated, and well-versed in the sciences.

It would be interesting to follow up the most apparent cause of skepticism. This class of doubters have belonged to all ages and to all parts of the world, and it requires but little knowledge to discover them. Many of the skeptics of our day endeavor to be regarded as conservatives, but it is one and the same cause that lies at the bottom of each; and the skeptics, or conservatives, so-called, in the ranks of the profession, present special characters of differences, but they both possess such powerful tendency of the mind, tendencies which if allowed to assert themselves, are the greatest foes to progress,—slothfulness and vain conjectures.

It is not pleasant for all men to work, and with rare exceptions men work simply because they are necessarily compelled to. This is true of mental, and equally true of physical effort. Progress in medicine necessitates the overcoming of mental idleness. The conservative skeptics of today are usually those who stop with condemnation. They make no effort to disprove. So it has always been. It required more than half a century for the circulation of the blood to be admitted. Skepticism (conservatism) and rottenism many times go hand in hand. Show me the skeptic and I will, in most instances, show you a vain man, and one ignorant of the demonstrable division of medicine. Ignorance in these must needs beget skepticism, and it seldom has any other sin.

Pleasanton, Kansas, January, 1883.

SELECTED ARTICLES

FREQUENT REPETITION OF DOSES.

A Lecture Delivered by Prof. A. A. Smith, M. D., at Bellevue Hospital Medical College.

I propose to direct your attention this GENTLEMEN: morning to the subject referred to at my last lecture, namely, the frequent repetition of doses. This subject is a very important one, and one regarding which it is very difficult to establish any arbitrary rules. In the case of chronic diseases, where it is necessary to continue the treatment for a long time, the plan of administering the medicine in larger doses at intervals of five or six hours is probably the best one which can be adopted. For example, if you were prescribing some preparation of iron in a case of anæmia, it would be unnecessary to give it oftener than three times daily. Again, in certain cases it may be desirable to produce the full effect of the drug at a single dose, as in the administration of a cathartic, or of quinine to reduce temperature.

In other cases, however, it is desired, in administering medicinal remedies, to keep up their continued effect, and the question arises, whether we can accomplish this purpose better by giving them in smaller doses at frequent intervals than by giving them in large doses at much longer intervals, the total amount of the drug in the end being, perhaps, the same in either case. It is a fact with which you are acquainted that certain drugs become absorbed and produce their effect upon the system in a very short time, and they may also be eliminated very rapidly; while others act slowly and are eliminated after a longer interval.

It is not my intention this morning to deliver a scientific lecture; I shall make certain statements based upon clinical facts, for which I shall not attempt to give any explanation.

The first drug to which I would call your attention in connection with the subject of the lecture, is the chlorate of It may not be unknown to most of you that this drug has at times been administered in sufficiently large doses to produce a dangerous inflammation of the kidneys. Special attention has been called to this fact by Dr. Jacobi, of this city, and also by other authors. This danger can be avoided by administering the drug in small doses frequently repeated. In writing the prescription, a teaspoonful of the solution may be made to represent as much of the drug as you wish to give; or, if it be in a more concentrated form, the patient may add water to it. Grain doses given every half hour in scarlet fever, diphtheria, tonsillitis, etc., will produce the same results as larger doses, without the danger of the evil effects resulting from the accumulation of the drug in the system, as sometimes happens when it is administered in the ordinary way. Indeed, I believe the latter method will produce better results upon the throat inflammations.

For the treatment of neuralgia, croton chloral has for a long time been given in large doses, as from five to eight grains, repeated every two hours, until fifteen grains are taken. But allow me to suggest what I consider a better mode of administering the drug—that is, to give a grain of it, prepared as you please, either in liquid or pill form, every half-hour until the neuralgic symptoms are relieved. A solution of which a teaspoonful represents a grain of croton chloral may be made, having scarcely any of the bad taste which belongs to this medicine when given in large doses. I may here remark that one of the important advantages connected with the frequent repetition of doses is the fact that the medicine may be so largely diluted with water or other vehicle as to be rendered comparatively tasteless, and harmless to the mucous membrane of the stomach.

You will often be called upon to treat very obstinate cases of urticaria, and you will be put to your wits' end to know what to do. The plan ordinarilly suggested is to give

alkalies, as the bicarbonate of sodium, or magnesium; but if you will give the patient two grains of the salicylate of sodium every hour or half-hour, you will usually be enabled to effect a cure even in obstinate cases, except those of a chronic nature. Two grains of the salicylate of sodium administered in a teaspoonful of water is almost tasteless, and may be given without producing disturbance of digestion. Urticaria is often caused by the administration of full doses of balsam of copaiba in cases of urethritis, or inflammation of other mucous membranes, and it may seem strange to you when I make the statement that a single drop of the same drug given every half-hour will sometimes control urticaria. I have no explanation to offer, but I make the statement not wholly upon the authority of others; I myself have often observed the effcacy of the treatment, although not so frequently as in the ereatment by the salicylate of sodium.

Fowler's solution, or the liquor potassi arsenitis, half a drop given every half-hour for six or eight doses, will often relieve the vomiting which occurs after a debauch. It will also relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy.

Jaborandi has been given in large doses with a view to exciting perspiration in cases of Bright's disease, but the very serious objection has been found to it in this manner, that it sometimes has a very depressing effect upon the heart's action, resulting in some cases fatally. Now, five to ten-minim doses of the fluid extract of jaborandi given every hour or half-hour, will produce marked perspiration without causing any unpleasant effects upon the heart. I sometimes combine with the jaborandi the tincture of digitalis, with a view to counteract any possible evil influence which the former drug may have upon the heart. So dangerous do I consider large doses of jaborandi that I often hesitate long before administering it, especially in the uramia of the puerperal state.

You will please remember that the amount of the medicines administered is not so small as you may at first suppose, especially if you take into consideration their strength and the frequency of their repetition.

The next preparation of which I shall speak is a solution of the sulphate of atropine, one one-hundredth of a grain in a goblet of water, a teaspoonful of which shall constitute a dose, amounting in all to about sixty doses. Now, you will often be called to see cases of supposed croup, but which, in the majority of instances, prove to be cases of false croup of a reflex origin. Ordinarily, you will be able to relieve these patients by giving them a teaspoonful of this preparation every hour. It is possible the remedy acts slightly as a stimulant of the respiratory center; it is also possible that it has some influence upon muscular contraction or relaxation; at all events, clinical experience proves that it is of benefit in these cases. The dose may be repeated every hour or half-hour, according to the severity of the attack. If the child's face begins to flush and show signs of the physiological effects of the drug, the dose can be reduced in frequency. It should be remembered that when thus administered the equivalent of a full dose of the drug will soon be reached. Do not forget in these cases to give an emetic if there is anything in the stomach which may be causing the spasm, or a cathartic if there be reason to suspect intestinal disturbance as the cause.

The bromides are largely used in the treatment of the nervous and febrile disturbances of children, but an objection to them is the fact that the little patients do not take them readily, because of the taste; the bromide of sodium is, perhaps, as little disagreeable as any of the preparations. This objection can be avoided by giving small doses frequently repeated; for instance, a few grains dissolved in half a tumblerful of water, a teaspoonful representing a half grain, or a grain even; administered every ten or fifteen minutes. When given in this manner, the bromides often prove of great benefit in the nervous disturbances arising

from dentition and other causes, and relieving the fever which, in children, usually attends a slight degree of excitement of any kind. I have seen an elevation of the temperature in children where it could not be traced to any other cause than the excitement incident to their afternoon play. A temperature which might indicate a sickness of considerable gravity in the adult, if it occur in a child may be of comparatively little importance. In such cases the bromides, administered in small doses, say a grain or two at intervals of ten or fifteen minutes, will often prove of great benefit.

I began the use of some of these remedies, administered in this manner, on the recommendation of others, and, I must say, in a somewhat skeptical frame of mind, thinking that the effects which they produced were probably due to the moral influence upon the patient, or that it had no foundation in fact, it being a mere coincidence that the drugs were administered at a time when the patients would have recovered in the absence of any treatment; but, having seen benefit follow their administration repeatedly, I concluded they must have a wide range of usefulness, and began to use them more frequently.

You will often meet with children of a nervous, excitable frame of mind, who are, perhaps, naturally of a sensitive, nervous temperament, who are disturbed by the slightest noise, and are unable to go to sleep before ten or eleven o'clock at night. In such cases you will find it necessary to give a nervous sedative. An excellent effect will be procured by chamomilla in some one of its forms, as the tincture, administered in minim doses every fifteen or twenty minutes. It is tonic as well as sedative. It is a better sedative in such cases than the hydrate of chloral, which is liable to affect the digestion. It is harmless when given in larger doses. Put a teaspoonful into a half-tumblerful of water and let the child drink it freely.

One of the most important remedies which can be administered with great benefit in frequently repeated doses is ipecac. You are aware that a teaspoonful of the syrup of ip-

ecac is likely to produce emesis; but it also a fact, regarding which I was at first quite skeptical, that a single drop of the wine of ipecac will often arrest obstinate vomiting. It should be repeated every ten or fifteen minutes. When administered in this manner, I have known it to relieve vomiting from different causes, among which are pregnancy and subacute gastritis. Children often vomit from very slight causes, and are liable to suffer from diarrhea and vomiting which have no other assignable cause than disturbance of digestion. A single drop of the wine of ipecac, repeated every fifteen or twenty minutes, will often produce the most marked relief, both from the vomiting and from the diarrhea. Administered in this manner, the drug is not nauseous, and is easily taken.

I now make a statement, upon the authority of Trousseau and his enthusiastic successor, which may appear to you as it once did to me, incredible—viz., that one-sixtieth of a grain of calomel taken every hour for ten or twelve hours, will relieve the headache of syphillis occurring at night. I have administered it in one-fortieth grain doses in this manner, and have obtained the results which they claimed for it, but I have not yet tried it in sixtieth-grain doses. The relief was very marked by the second or third night. It is not intended to take the place of iodides which are given in such cases. Doubtless the calomel, when administered in such small doses, is all taken up into the system.

Nursing children often vomit or regurgitate their food; this has been relieved repeatedly in my experience by giving them a teaspoonful of a solution of one grain of calomel to the pint of water every ten or fifteen minutes. In order to dissolve it, the calomel should first be put into an ounce of lime-water, and then into the pint of pure water. One twenty-fourth of a grain of mercury with chalk, administered every fifteen or twenty minutes, is often of great benefit in the vomiting and non-inflammatory diarrhæa of children. Where the diarrhæa is accompanied by mucous passages, indicative of a certain degree of inflammatory ac-

tion, or enteritis, benefit will be derived from the administration of one teaspoonful of a solution of bichloride of mercury, (corrosive sublimate,) one grain to the quart, every hour. The dose may seem very small, but it must be remembered that the dose for an adult is only one-sixtieth to one-thirtieth of a grain, and, when administered in this manner, the full dose for a child is reached within a few hours.

Another extraordinary statement, which at first seemed to me to be fabulous, and may seem so to you, but which, nevertheless, you will find to be based upon clinical facts: Put a grain of tartar emetic into one quart of water; teaspoonful doses of this solution every half-hour will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children.

A single drop of the tincture of nux vomica given every ten minutes will often produce most marked relief in sick headache not of a neurotic origin. It should be given immediately after or soon after meals.

It is well known that cantharides, when given in large doses, is liable to cause inflammation of the urinary tract; but it has been found that a single drop of the tineture every hour will in many cases relieve vesical catarrh.

You probably have heard that digitalis has been used in cardiac disease. Certainly if you have not heard of it you will, and if you have already heard of it you will hear of it again, particularly at the clinics. Ordinarily, it is administered in considerable doses only three or four times a day; but I do not hesitate to say that the frequent repetition of small doses will produce much more benefit than larger doses at longer intervals. A single drop of the tineture of digitalis, given to a patient suffering from symptoms due to organic heart disease when digitalis is indicated, administered at intervals of an hour or half-hour, according to the severity of the symptoms, will often give greater relief than larger doses, and without liability to ill effects.

For the diarrhea of children, accompanied with slight in-

flammation, straining, and the passage of jelly-looking matter, but not true dysentery, five drops of castor oil, given every hour with sugar and gum, is an excellent remedy.

A gentleman in this city, of authority in the specialty of venereal diseases, says he has given relief in a short time, in cases of orch tis and epididymitis, by the administration of two-minim doses of the tincture of pulsatilla every hour, than by any other mode of treatment. I can testify to the great benefit derived from the drug administered in this manner in dysmenorrhea not of a membranous, obstructive or neuralgic character.

One of the most distressing symptoms from which many women suffer at the menopause is flatulence, and a sensation of fluttering or palpitation at the pit of the stomach, an effectual remedy against whih is the extract of calabar bean in one-fortieth grain doses, repeated every half-hour for six or eight doses. It may be repeated in the same way after stopping it for three hours.

In cases of amenorrhæs not dependent upon anæmia, benefit may be derived from minim doses of the fluid extract of ergot administered every half-hour for five or six hours the day before the flow should begin, and again on the day on which it should occur. Contradictory as it may seem, when administered in the same manner, the fluid extract of ergot is of benefit in cases of excessive menstruation.

Aconite is one of the drugs to which you will probably have occasion to resort frequently when you enter upon the active practice of medicine. It has for a long time been used in quite small doses, but not so frequently repeated as it might be with benefit. There are many cases of febrile movement, with dry, hot skin, a full, bounding pulse, the mucous membrane of the throat and nose probably dry—cases in which the febrile movement is not the commencement of one of the continued tevers; the tincture of aconite, one-third to one-half a minim given every fifteen minutes, will be found of decided benefit. Visiting the patient shortly after the commencement of this treatment, you will often

find him in a little perspiration, the medicine may then be administered at longer intervals, every half-hour or longer, according to the indications. The tincture of aconite, administered in a similar manner, is also useful in cases of commencing so-called cold in the head. It is likewise useful in cardiac hypertrophy with palpitation, severe headache and disturbances of the nervous system due to increased force of the heart beat.

Two minims of the tiucture of hamamelis every half-hour will often control hemorrhages. I was at first inclined to look upon this statement with a great deal of distrust, but I have since tried in cases of hæmorrage from the nose, from the uterus, and in the hæmorrage from hæmorrhoids, and have found it of great benefit.

The tincture of belladonna in minim doses, given every half-hour, is a good remedy in cases of nasal catarrh, and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered, as it is less quickly eliminated from the system than the other medicines of which we have already spoken. In cases of pulmonary ædema with failure of heart power, belladonna thus administered is of benefit in retarding the exudation of serum, and in overcoming the failure of heart power.

Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubebs, given every half-hour, oftentimes controls acute pharyngitis and superficial inflammations of the other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of the ammoniated tincture of guaiac, and administer every hour.

In the headache of migraine, one grain of the citrate of caffeine given every half-hour will often produce most marked relief.

In neuralgias about the face and head, three-minim doses of the tineture of gelseminum every half-hour will often act almost miraculously and leave no ill effects.

For certain kinds of headaches (especially those which are periodical and not of malarial origin), fifteen-minim doses of fluid extract of guarana given every fifteen minutes will very frequently relieve. If it does not relieve in four doses, increase the dose to thirty minims.—N. Y. Med. Jour.

OTITIS MEDIA PURULENTA.

[Extract from clinical lecture by Prof. Dudley S. Reynolds, Louisville, Ky.] Unable to go more fully into the subject, I feel that, from the cases before you, two important points as to local treatment, or rather as to the action of the local agents, should be mentioned more particularly. First, there is in such cases the necessity for an agent which has the power to dissolve the fibripous matters upon the surface of the inflamed mucous membrane, and immediately following this, an agent which has gently stimulating, astringent and antiseptic powers. The first agent, as you have seen, is found in the chloride of sodium, the second is listerine. Listerine is something more than a mere antiseptic, which its inventor, Mr. Lambert, has extensively advertised as its chiet virtue. It is a stimulating, balsamic astringent. contains boracic acid, the essential oil of encalyptus globulus. thymol, and some other less important ingredients. It mixes freely with water, and may be used as a local application to all purulently inflamed surfaces, diluted to any extent desirable, or, as in the cases before you, in full strength. chloride of sodium and listerine, you have, therefore, but little to desire in the way of local applications in otitis media purulenta.—Philadelphia Medical and Surgical Reporter.

Or. E. Mackey, Brighton, England, (British Medical Journal) adds further testimony to the efficacy of sodium salicylate, grs. 10, every two hours, in tonsilitis from cold or damp. In the latter class of cases the effect is said to be almost magical.

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., Fort Scott, Kansas, W. C. BOTELER, M.D., St. Joseph, Missouri, Editors.

JNO. R. CHEANEY, Bus. Editor.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

EDITORIAL DEPARTMENT.

EFFORTS TO IMPROVE THE STANDARD OF MEDICAL EDUCATION.

We regretted last month to be compelled to announce to our readers that the efforts to secure the enactment of a law creating a State Board of Health had proven futile, and it therefore affords us some pleasure to be able to state this month that our Missouri brethren have been more fortunate, a law having passed both Houses and been signed by the Governor.

The beneficial results which have followed similar laws in the States of Illinois and West Virginia are so self-apparent that even the laity in not a few instances have heartily seconded the efforts of the Board in enforcing quarantine regulations and the suppression of quackery and impostures. In fact so much so that the Board feels warranted to still further draw the lines, and hereafter the diploma of no medical college will be recognized in the State of Illinois, unless the college requires a literary degree, or a requisite exami-

nation before admission to the college. This will exclude many colleges which are now admitted, and still further swell the list which is already quite large, as will be seen by reference to another page. It may therefore be admitted as demonstrated, that a statutary provision prescribing the necessary qualifications to be possessed of before being permitted to practice medicine in a given State, is not only practical and beneficial, but will, if once enacted, be heartily supported by the people,—while on the other hand, the absence of any safeguard to the public is so notoriously impolitic as not to be tolerated in any civilized country on the face of the globe except the United States.

This much being then admitted, we come at once to the point we wish to make,—that any efforts in the future to regulate the practice of medicine should provide for an actual examination of every applicant for a license to practice, no matter if he has a cart-load of diplomas. There is no question but that this is the ultimate goal of the State Boards of both Illinois and West Virginia. Besides, this plan has the element of justice, as its side. It at once solves the problem of higher medical education. It gives the smaller schools an even chance with the larger ones, if they are It treats all alike, and the objections that are usually made against all such laws cannot be made against it, as it gives the ancient patriarch an even chance with the voungest fledgling. It is qualification only that counts. It restores the doctorate to its legitimate sphere, viz., the reward of merit.

THE MISSOURI STATE BOARD OF HEALTH.

During the closing days of the late long, tiresome session of the Missouri General Assembly, among other important measures, Bashaw's bill, No, 495, entitled "An Act Creating a Board of Health for the State of Missouri, defining its duties and powers, and fixing the compensation of its officers," was passed by an overwhelming vote in both Houses. Whilst we have no just claims to the origin of this measure,

and assert none, it is with a certain degree of confidence that we appropriate to ourselves some of the credit in assisting the final passage of the bill and its consequent good result toward ameliorating the condition of this people.

Missouri, as is known, has been for a long time one of the seven States of the Union in which Legislature seemed to persistently overlook these the vital interests of the people. For six successions of our Legislative body, bills had been introduced by able senators and representatives in view of establishing the above much-needed reform, but just as often did the same fail, owing to a superabundance of partisan feeling, that same element that has for ages warped and crippled the medical profession. The present important bill, now a law upon our statute books, would undoubtedly have suffered the same fate had it not been for the earnest, active and disinterested efforts of those into whose hands the measure came at the beginning of the session.

Upon the urgent request of many friends and constituents throughout the State, at last Judge Bashaw, of Monroe county,—that most prominent star among Missouri's legislators,—undertook the most herculean effort of harmonizing the dread elements which again threatened annihilation of the bill. Nor was this a task of less than the above proportions. The average legislator shrunk from it in tear, answering the most urgent appeals by a recital of the uncompromising professional differences, and efforts at class legislations that had always and seemingly must continue to defeat every hope. Thus a master spirit was required, the most accurate diplomacy found necessary, both of which were realized in the acquisition of Judge Bashaw as the champion of the act.

Farmers, mechanics, the clergy, law and medicine were represented in both bodies, all with their pet hobbies, all more or less chary of the doctor, and even the latter including nine in all, representing no less than four of the diversified systems of medicine recognized by the laws of this State. To accomplish anything executive seemed almost

impossible; yet, in the consummation of this measure we see what merit will accomplish, even under the most adverse circumstances. Strange it seems yet true farmers and lawyers can by united efforts legislate session after session away to advance their own and their constituents' weal, but almost every measure proposed by the physician for the amelioration of the condition of a people meets with prompt and earnest opposition. Physicians themselves differ, nature so decreeing, as to the systems of treatment they adopt, alike in the necessity of laws to protect them.

State laws recognize homeopathy and eclecticism, hence the friends of the homeopathic and the eclectic physician justly opposes restraining legislation, and look with determined suspicion upon those proposing it. In addition to all the above, other weighty obstacles were found demurring. The State University and Normal School needed large appropriations; the curator of the St. Joseph asylum called for "more money;" local and general improvements were everywhere necessary; the southern representatives demanded a building for their insane, and lastly, as a caption to these already great drains, came the destruction of \$200,000 worth of State property by the fire at the penitentiary. Upon the first introduction of Board of Health bill, the senate attempted class legislation, and the unexpected State expenses brought it prompt defeat; but, profited by the failings of the first bill, the friends of the measure in the House originated a new one, so modified and amended as to meet almost general approval.

Thus moulded to a conformity with the desires of a whole people, the bill was launched upon its third and final passage, and, as a result of the untiring efforts of its brave propounder and his friends, the much-desired consummation was accomplished. Whilst literal in provisions to the mind of the punctillious, its basis is justice, and we can safely look forth to the future for a more dignified, liberal and heightened condition of the medical profession as its result.

House bill No. 494, entitled "A Bill to Regulate the

Practice of Medicine in the State of Missouri," also introduced by Judge Bashaw, passed both Houses. Both bills embody features objectionable to many professional gentlemen, but to secure passage of any act at all, liberal amendments had to be accepted.

The laws of the State of Missouri recognize homeopathy and eclecticism as legitimate systems of medicine, and the friends of these systems urgently demanded the provisions of McGinnis' amendment, providing that the Governor in his appointments should in no wise militate against any of the systems of medicine recognized by the laws of Missouri.

While the Board of Health Bill may be regarded too liberal, the bill to regulate the practice of medicine may, on the other hand, be deemed too austere. It is beyond the power of man at all times to consummate his most sanguine hopes, and we can confidently say, from one week's work and sojourn at the State capital in behalf of the bills, that with their merits and defects the bills are now all that they could have been under existing circumstances.

Probably in the future, amendments more generally acceptable will be added, but we refrain from comment at this time, preferring, rather, to publish bills in full, that each may make his own induction.

In conclusion we wish, in behalf of the people and the medical profession of the northwest, to acknowledge to Judge Bashaw, the brave champion of these measures, our lasting gratitude, he having taken up the failure of past legislators and made same beneficial and feasible to ameliorate the general condition of the people, and heighten the dignity of the medical profession.

A LEGISLATOR ON THE WARPATH!—THE DOCTORS' DEATH KNELL.

We regret very much that it becomes our province, in compliance with the wish of the profession in the State, by innumerable letters received, to notice the subjoined bill, which unfortunately places its champion in a position of an-

tagonism to the whole medical profession in this section, and the more intelligent of their constituents. The annals of history probably record no instance of legislation so misguided, of attempted law-making, so pernicious to the general interests of the people, as is embodied in this "act." The author of the bill we know to be a man of good native judgment, and as to what motive, cause or provocation could have led to this act, we are at a loss to account.

The impossibility of immediate diagnosis in developing diseases; of writing same in the language of any possible nationality: of anglicising and framing prescriptions understandible to "common people," of retaining prescriptions for public inspection two years; the consummate rashness of having a physician indicted for manslaughter "if a patient should die," etc., are matters that should have been And again, the frequency of mistaken diagnoses from the dissembling, poor and imperfect descriptions of patients themselves, as a possible palliating circumstance. Physicians, too, seldom have the pleasure of administering their own medicines, a prescription being left and the administration of doses entrusted to the intelligence of an attendant. But, according to the provisions of this bill, the attendant or druggist are never to be suspected; but if arsenic is compounded with bismuth and the like, or a liniment is given internally instead of externally, the "common people" are to be exhonorated and the physician be held to have committed manslaughter. We subjoin the bill for professional review:

[House Bill No. 521—Introduced by Mr. Bonham.]

AN ACT

To regulate the practice of medicines in this State.

Be it enacted by the General Assembly of the State of Missouri, as follows:

SECTION 1. That every person, male or female, who shall practice medicine in this State, shall, upon the first and each succeeding visit to any patient, make a thorough diagnosis of the case, and inform the patient, in writing, in his native

language, of his or her condition; or if the patient is not in a suitable condition of mind to receive said knowledge, or if the patient be an infant under fifteen years of age, then said information to be given to the friends, parent or guardian, as the case may be.

SEC. 2. That every physician who furnishes his own modicine shall write in plain language so that common people can understand it, the prescription which he gives the patient, the size of each dose, also the time of administration of each said dose (said prescription to be left with the patient), and if he does not furnish his own medicine, but writes a prescription to a drug store to be dispensed, it is also to be written in plain language.

SEC. 3. All druggists who fill prescriptions are to file them for public inspection for two years.

SEC. 4. Any person failing to comply with the conditions of the three previous sections shall be considered to have committed a misdemeanor, and upon conviction thereof, in any court of competent jurisdiction, shall be fined not less than fifty nor more than one hundred dollars, or be imprisoned in the county jail for not less than thirty days nor more than one year, or both such fine and imprisonment.

SEC. 5. That if it transpires that any physician has made a false diagnosis of the case or has administered the wrong medicine, in either case, if the patient should die, the physician is to be held to have committed manslaughter in the first degree, and upon conviction thereof to be punished as now provided by law for said offense. If the patient does not die from the effects of said false diagnosis and treatment, but is made to suffer pain or a prolongation of his sickness, said physician so offending shall be held to have committed a high misdemeanor, and upon conviction thereof before any court of competent jurisdicion, be fined not less than five hundred nor more than ten thousand dollars.

SEC. 6. All fines assessed in the foregoing act to go onehalf to the prosecuting witness, and the other half to the State school fund. SEC. 7. This act to repeal all acts that are inconsistent with this act, and to take effect from and after ninety days after the adjournment of the thirty-second General Assembly.

DEATHS IN THE UNITED STATES.

According to the last census, 756,893 persons died in the United States during 1880. The death rate for the whole Union was therefore 15.1 to the thousand. That is a low rate, and yet it was much higher than that given in 1870, which was only 12.8 per thousand, while the death rate, according to the census of 1860, was 12.5.

But the apparent increase in 1880 was due entirely to more complete returns of deaths, and even the figures for that year cannot be regarded as accurated. Except in a comparatively small number of communities, vital statistics are not gathered in the United States after scientific system. The actual mortality of the Union is probably somewhere between 18 and 19 per thousand, instead of a little over 15. But that is a low rate as compared with European countries, the death rate for the whole of England having been 20.5 per thousand in 1880, and Scotland 21.3 in 1878.

Of the 756,893 deaths recorded in the census returns 640,191 were of whites, out of a total white population of 43,402,970, and 116,702 of negroes, out of a total colored population of 6,752,813. The total apparent death rate, therefore, was 14.74 among the whites, and 12.28 among the negroes. A greater relative mortality among colored infants in the Southern States largely explains the higher negro death rate, which must be accepted as proved, we suppose, since, deficient as the mortality statistics among the whites may be, there is good reason for regarding the returns of negro mortality as still more incomplete.

Of the deaths reported, 391,900 were of males, and 364,933 of females, the total living population having been 25,518,720 males and 24,636,963 females. For every thousand deaths of females there were 1,010 of males.

The proportion of males dying in infancy was also greater than that of temales. Of the 390,644 males who died, 163,880 were under five years of age, while of the 363,874 temales who died, 138,926 were under five years; that is the proportion of deaths under five years of age to all deaths recorded was 419.51 per thousand among males, while among females it was only 381.85. Nearly half the male mortality was among very young children.

The causes of death were reported in only 733,840 cases, and the following table gives the number of deaths from each of the ten principal causes:

Consumption	Diseases of digestive system 34.	,090
Diarrhœal diseases	Measles 8.	712
Diseases of nervous system 83,670 Diseases of the respiratory organs 107,904	Whooping cough	,410 , 203

Consumption was, as always, the great scourge, and it carried off a considerably larger proportion of females than of males, the deaths from that cause being 40,619 males to 50,932 females. It is very instructive to observe that the mortality from consumption in the North Atlantic and Lake regions was highest in the small towns and agricultural districts, while on the Gulf coast it was greatest in the city of New Orleans, with its wretched sewerage and drainage system.

Enteric or typhoid fever is also more especially a disease of the country rather than the city. The better drainage which ordinarily prevails in the large towns makes them less liable to that fever than the smaller communities and scattered settlements, where necessary precautions against the pollution of the water supply are not generally taken, and accumulations of filth in vaults and cesspools are common. Malarial fevers likewise were more prevalent and more fatal proportionately in the smaller communities than in the great cities. The same was the case with diphtheria.

The great city, especially since the increase of sanitary knowledge, has many advantages over the country with respect to health. It has a crowded population, it is true, but its comparatively confined air may be less injurious to the

inhabitants than that which sweeps over an open country, where it may wast poison from swamps and marshes, and where a scientific system of sewerage and drainage is hardly practicable.

The report of the number of deaths due to accidents and injuries is interesting:

J	O	
Burns and scalds	4.786	Suffocation2,330
Drowned	4,320	Suicide by shooting 472
Exposure and neglect		Suicide by drowning 155
Gunshot wounds		Suicide by poisoning
Homicide	1	Other suicides
Infanticide		Sunstroke 557
Railroad accidents		Other accidents and injuries13,980
Injuries by machinery	120	

The mortality tables in the Compendium of the Census are comparatively meagre, not giving us sufficient data on which to base general conclusions we would like to draw. We are promised, however, further and more detailed statistics in the full report—that is, a long time hence.

Miscellaneous Jtems and Notes.

We have just received the announcement of the Philadelphia Hospital for Skin Diseases, located at 923 Locust st., Philadelphia; L. Wolff, M. D., Secretary.

Dr. Wm. H. Van Buren died recently in New York at the age of 64 years. He for many years past has been a teacher and author of medicine in that city. The profession can ill afford to lose such men as he and Dr. Barnes.

Vidal uses for phagedenic chancroid the following ointment: By pyrogallic acid twenty-four parts, to vaseline twenty-four parts. He also mixes it with four parts of starch as a powder. It checks phagedenic action, respects healthy tissue but does not affect tertiary ulcers.

TYPHO-MALARIAL OR CONTINUED FEVER.

Dr. R. D. Webb concludes a paper in the April number of the American Journal of the Medical Sciences as follows:

Seeing, then, that fevers are so closely allied generically, and that even when separated into species, there are striking resemblances; that pathological researches do not establish a constant anatomical lesion, which is pathognomonic of any of them; and that ulceration of Peyer's glands (claimed as characteristic of typhoid fever) is frequently found in other diseases, we are justified in claiming that a continued fever, occurring under circumstances which point to a miasmatic origin, although it may present many of the vital phenomena of the typhoid fever, and occasionally its recognized anotomical lesion, is still malarial fever.

There remains, to his mind, but one other explanation of these continued fevers, viz., that they are to be regarded as atypical typhoid fevers, originating de novo.

But, admitting the origin, de novo, of typhoid fever from animal miasm, and that possibly it may have thus originated in the example he has given, even the warmest advocate of this view will be unable to bring those sporadic, isolated cases which occur again and again in malarial, but otherwise salubrious and healthy country localities, within the role of such instances as are claimed as establishing this mode of origin.

The natural conclusion, taking all the facts into consideration, is that they are *malarial fevers* of a typhoid form, not in a specific sense, but as indicating a typhoid condition of the system.

Jorisenne has recently furnished a new method of diagnosticating pregnancy in the first two months, based upon the radial pulse. He asserts that even after the first month of pregnancy there is no variation in the number of pulse beats, when in a horizontal, reclining or upright posture. Jorisenne has diagnosticated by this method pregnancy in the first month.

Dr. Wn. A. Hammond, in a recent lecture on epilepsy, delived in New York, says: "Indeed, if I were subject to epilepsy myself, I should take bromides all my life, thus avoiding any probability of a recurrence of the paroxysms. If after a time, the bromide treatment does not produce as marked results as are desired, I would advise you to stop for a month or longer, until the system has had time to become perfectly free from the effects of the drug, and then begin the treatment anew. In the mean time something should be given to quiet nervous irritability, such as codliver oil and tonics. The patient must remember this fact, however: Unless a certain degree of bromism is produced, the disease can not be cured.

The bromide treatment is not altogether free from danger, and he mentions three cases lost from the effects of it. The Doctor says when a physician tells him that he has produced sleep with a single dose of bromide, he does not believe it. It takes more than one dose of fifteen grains several times daily to have any decided effect.

Another useful measure in the treatment of epilepsy is counter irritation to the back of the neck by the platinum disc, or other instruments heated to a white heat. It is only necessary to touch the skin and remove the cautery immediately. The pain produced is so slight that the patient can scarcely feel it. He also mentions having to stop the bromide treatment on account of indolent ulcrs, but says they can be easily cured by galvanism.

IODOFORM IN OPTHALMIC PRACTICE.—It is well borne by the majority of patients. It is the most effective agent against pannus scrophulosus and trachoma. It renders excellent service as an antiseptic. It hastens granulation and speedy regeneration of corneal tissue. It is valuable in dacryocystitis and its consequent blenorrhea. It subdues inflammatory reaction resulting from complications in operations, etc.—Fischer.

A Treatise on the Practice of Medicine, for the use of students and practitioners, by Robert Barthalow, A M., M. D, L. L. D., professor of materia medica and general therapeutics in the Jefferson Medical College, Philadelphia; 3d edition, revised and enlarged. D. Appleton & Co. publishers, New York.

—We predicted when reviewing the 1st volume of this excellent work in October, 1880, that it would be thoroughly appreciated. That we were not mistaken is shown by the fact that the book has passed through two editions inside of 2 years, and that this, the 3d, has been called for. The present edition has been thoroughly revised and largely re-written. Some fifty new pages have been added. It is unnecessary for us to add anything further. No physician in active practice can afford to do without "Barthalow."

DEATH OF SURGEON GENERAL BARNES.

Brig. Gen. Charles K. Barnes, retired late surgeon-general of the U. S., died on the morning of the 5th, of Bright's Disease. He entered the service as assistant-surgeon in June, 1840, was promoted surgeon with rank of Major, Aug. 1856, medical inspector with rank of Lieutenant-Col., 1863, medical inspector general with rank of Col., Aug., 1863, surgeon-general with rank of Brig.-Gen., Aug 24, 1864; retired from active service June, 1882. He served in the Seminole war in Florida, the Mexican war and the war with the States. He attended Lincoln and Garfield, and founded the medical history of the war, and medical museum, &c.

A good substitute for mother's milk! Add a pint of boiling water to a pint of pearl barley; allow it to cool and then strain. Mix one-third pint of this barley with two-thirds pint of fresh, pure milk, and sweeten with a teaspoonful of milk sugar. A mixture will be produced which strongly resembles human milk in color, taste and consistence, and which has been extensively and satisfactorily used as a substitute.

CEDAR RAPIDS, IA., Dec. 13, 1882.

I have been using "Celerina" in my practice very extensively for two years, and in sexual debility and nervous diseases it produces excellent effects. Think I have used at least one thousand bottles. E. N. FISHBLATT, M. D.

We find on our table this month a pamphlet on "The Best Method of Treating Operative Wounds," by Henry O. Marcy, A. M. M. D.,—also a treatise on the "Placental Development in Mammals," a unity of anatomical and physiological modality in all vertebrates, by the same author.

BOOK REVIEWS.

We are in receipt of a treatise entitled "Some Affections of the Organs of Respiration in which the Syrup of Hypophosphites is Beneficial," published by J. I. Fellows. Mr. Fellows' syrup of hyphosphites needs no word of commendation from us, as it is generally prescribed by the profession in our section of the country.

We are in receiot of a treatise on Scrofula and its Gland Diseases,"—an introduction to the general pathology of scrofula, with an account of the histology, diagnosis and treatment of its glandular affections, by F. Treves, F. R. C. S., England. The work though small, seems to cover the ground intended for it. It is published by Henry C. Leasson & Co., Philadelphia. Price 10 cents, in paper.

MESS. PARKE, DAVIS & CO.

A representative of this well-known manufactur ng firm recently left some very fine samples on our table. Among them we particularly notice some pink pills containing small doses of the standard drugs; also some fine soluble, elastic capsules containing cod liver oil or castor oil for one-half teaspoonful to tablespoonful each completely covering the taste of these nauseous medicines.

Autopsy showed that Gambetta's death was due to perityphlitis and suppurative pericolitis.

We are in receipt of the Nashville Journal of Medicine and Surgery for March, 1883, edited by C. S. Briggs, M.D., Nashville, Tenn. Its terms are \$3.00 per annum. We consider it among our first exchanges.

A prize of one hundred dollars is offered by the alumni association of the College of Physicians and Surgeons, Baltimore, for the best essay upon a stated subject, to be submitted to a proper committee by January 1st, 1884.

EXCISION OF THE PYLORUS.—Twenty-three different individuals, thus far, have been operated on for supposed cancer of the pylorus, with four recoveries. One recovery was Billroth's case, one Wolfler's, one Azerny's, and one Rydygier's.

The Association of American Medical Editors will meet at Cleveland on June 5th and 6th. Dr. N. S. Davis, the President, and Dr. H. O. Marcy will deliver addresses. Drs. Octerlony and Stone will read papers on subjects in the interests of medical journalism.

A BLOODLESS METHOD.—For many years a method of controlling hemorrhage during operations has been in vogue in Australia, and by some supposed to be Esmarc's bandage method modified. It is not, however. A ring of stout rubber tubing of small size is rolled up the limb from the extremity, driving the blood before it. When the desired height has been gained a pad of some kind is slipped under it and over the artery to be compressed in particular. It acts efficiently, and is less cumbrous than the bandage of Esmarc.

THE

Kansas 8 Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4.

FORT SCOTT, KANSAS, MAY 1883.

No. 5.

Original Communications.

URTICARIA.

BY DR. PICARD, TOPEKA, KAS.

Read before the Eastern Kansas District Medical Society, April, 1883.

I desire to call your attention to a subject which has been so long cast about upon the sea of medical literature that it is about without a place in the catalogue; and, indeed, I do not know that it deserves a special habitation. It is not unlikely that modern nomenclature, which has disembodied so many of the carefully defined ailments of our forefathers in medicine and resolved them into mere symptoms appertaining to the neuroses, may finally claim the phenomena of nettle-rash for its own. If, during this brief study I shall wax learned and technical, I pray you to ascribe nothing to my superior attainments upon the subject; for I must with all candor confess that there are few things about which I really know so little in one way, and in which I am at the same time so thoroughly experienced in other ways. half a century ago Willan, a pioneer in skin diseases, dogmatically classified uticaria into six distinct varieties, to-

wit: U. Febrilis, U. Confecta, U. Eranida, U. Tuberosa, U. Pkistaness and U. Subcutanea. In this list, Dr. Biel found only three varieties worthy of notice, and our Dr. G. B. Wood, whose scholarly works account for the successes of the generation of physicians just before ours, taught that it was altogether sufficient to make uticaria either acute or chronic. For my part I have found the acute variety to be quite sufficient for me, as I shall presently explain.

According to Professor Piffard, of New York, urticaria is a reflex trouble. Now it is not easy to say exactly what a reflex trouble is. I have an idea that most troubles are reflex, and I maintain that it does not argue well for the scholarship of our etiologists to ascribe everything obscure a reflex action. I also observe that the authors of the last generation gave much more attention to the etiology of urticaria than do the writers of to-day; and I am inclined to the belief that the earlier surmises concerning this disorder are vastly more rational than modern speculation. easy it is to say that urticaria is a neurosis. It is equally easy to affirm that eczema, lichen, prurigo and the multiple forms of erythema are neuroses. But you object that it is frequently possible to discover the cause of nettle rash in reflex irritability, induced by the presence of some intolerant substance within the stomach. It is just as certain that other diseases not neuroses are produced in precisely the same manner. It seems to me quite possible to detect a sufficient similarity between erysipelas of the more superficial kinds, all sorts of erythema, eczema, lichen and the symptom known as prurigo, to at least place them all together as various manifestations of a certain dyscraria. modern dermatologists have already included lichen and prurige under the general head of eczema, so that my suggestion is only slightly more comprehensive. There is a striking similarity between the early manifestations of these phenomena. There is ædema, especially puffiness about the eyelids, anemia and obstructed circulation—please remember that apparent plethora is nowadays no obstacle in the way

of anemia. There is often the hepatic disturbance and rigors, more or less pronounced; and most frequently of all there is the febrile action so common to these things. In fact, I would not be greatly at fault if I should be guilty of the Irishism of saying that typical urticaria is more like some forms of superficial erysipelas than it is like itself, since it is so often not at all typical or like itself, and since it is so often very like erysipelas.

It is likely that I have had more experience in urticaria than usually fall to the lot of the general practitioner. Since April, 1881, I have experienced in my own person not less than fifteen attacks of acute urticaria, so that I consider myself almost a specialist in this choicest of earthly Previous to the date above mentioned. I had retributions. always been remarkably robust, my ordinary weight for twelve years having been not less than 240 pounds. In May of 1881, I was early one morning seized with a violent chill, which continued for four hours, at the expiration of which I discovered myself to be ornamented with a very peculiar terra cotta spot, just under the right eye, accompanied by a moderate amount of burning and tingling. My first fear was of beginning erysipelas, and it was also shared by an experienced and elderly physician who chanced to see me at the time. The spot persisted for a few days and slowly disappeared in a sort of desquamation. The constitutional disturbance only lasted a few hours. A fortnight later, preceded by a slight nausea, the eruption suddenly returned in precisely the same location, with the addition of an erythematous patch upon the left side of my nose, and a beautifully circumscribed spot upon the side of my wrist. There was far more pruritus in this attack. In a few days the inflummation had subsided, although the redness continued for a fortnight. About a month after the infliction suddenly appeared without warning, and in less than twenty minutes had completely frescoed my entire body, from scalp to sole, with well-defined whaels, accompanied by the most intense and burning pruritus. The whaels were about the size of a

silver dollar and were more thickly distributed over my back and thighs than elsewhere; a very rarely modeled one adorned that region of my neck known as the pomena Adami, and each angle of my mouth blazed brilliantly. In a few short hours the lower lid of the afflicted eve hung in a swollen and dropsical sack, and the corners of my lips bulged out in yellow serous-filled blisters. The febrile action was intense and lasted several days, with fire beyond description at bed time. All of the subsequent attacks have been but a too faithful repetition, the disease always showing itself in exactly the same location. Early last spring my digestion became very greatly disordered, and I had about eight attacks of urticaria in rapid succession, the crushed strawberry tint of a declining paroxysm hardly disappearing before the vivid bonfire of a fresh invasion. I became reduced in flesh, fading away into a hopeless shadow of 175 pounds-sterling, I was going to add, but my modesty compels me to say avoirdupois. About this time I took a sea voyage, followed by a good many miles of pedestrian express in Germany and Switzerland, returning in a few months with an excellent digestion, which I have maintained, with no return of the rash until recently. I am just convalescent of a typical attack.

It is not necessary for me to assert that I have availed myself of a variety of remedies. I only regret that I must testify to their utter worthlessness as a rule. I have subjected myself to everything, from the awful decoctions of our grandfathers in medicine to the barbarous refinements of modern clinicians, and thus far I have found only one drug at all potent to work any change in this frightful bete noir of mine. The fluid extract of ipecac, in ten-drop doses every fifteen minutes until emesis occurs—which in my own case is often a frightful agony of three or four hours, followed by a hot steam bath and sweat—will often avert the attack.

In the course of my series of experimentation with this horror I have discovered that any preparation of cinchona,

be the doses never so perceptible, has the magic power of transforming my helpless body into a lobster-like mass, within twenty minutes after the time it is put into my stomach.

CLINICAL REPORTS.

UNIVERSITY OF KANSAS CITY, MEDICAL DE-PARTMENT, EYE AND EAR CLINIC—PROF. F. B. TIFFANY.

Report of some of the Cases Treated During the Months of February and March—By Grayson B. Scholl, Senior Student of Class 1882-83.

Case 1, Mary S.—Seen February 10th, 1883; age 27 years; born in America; of Irish descent.

History.—Felt pain and smarting, apparently in the eye lid; with a sensation of sand under it; with gradual dimness of vision. At present we find the papilla of palpebral conjunctiva hypertrophied; cornea hazy; with blood vessels radiating over it; and an illy developed globe; also hypermetropia.

Diagnosis.—Trachoma, due probably to constant strain and irritation on the muscles of accommodation.

Prognosis.-We expect good results after an operation.

Operation.—Syndectomy; after treatment keep the power of accommodation paralyzed by R sulphate atropia grj., aqua dist. 5j, M. sig: one to four drops in the morning; with R hydrarg oxidi flav. grj., vasaline 5j.; and keep the patient quiet for a week.

Case 2, Mr. L.—Seen February 19th, 1882; age 46 years; born in Odessa, Virginia.

History.—Fifteen years ago a chip flew and struck him in the left eye, for which he used cold applications to relieve the slight pain it produced. Two weeks after the accident

the right eye became inflamed, probably sympathetic opthalmia, for which a doctor gave him a white powder, which caused great pain in the eye almost instantly, and in a few hours blindness came on. At present has leucoma of right eye, for which he had irodectomy performed eight years ago, which improved the sight a little.

Right eye, cornea entirely opaque.

Prognosis.—Nothing can be done to improve the sight.

He also complains of tinnitus aurium; pain in the ear, and deafness.

Diagnosis-Non-supurative catarrh of middle ear.

Prognosis. We can improve the hearing.

Treatment.—Dilate the eustacian tube three times a week with a catheter and air forced through. Also, Ry sulphate atrophia grj., aqua dist. 3j. M. sig.: five drops dropped in the ear daily, to paralyze the tensor tympani.

Feb. 24.—To-day hearing slightly improved; all the symptoms lessened.

Case 3, Ed R.—Seen February 17th, 1883; age, 13 years; born in Indiana.

History.—Has for some time had converging strabismus of left eye. Vision right eye normal. Of the left vision is 1-10. The patient is hypermetropic, which is the probable cause of the squint. Has no diplopia, as he suppresses the image of the squinting eye, and only sees with the other.

Prognosis.—Favorable.

Treatment.—The patient was chloroformed, and the operation used at Moorfield's Hospital, England, was made, which consists of dividing conjunctiva back of cornea; raising rectus muscle on strabismus hook and dividing subconjunctivally. After treatment, instructed the patient to remain in a dark room for a week, with a light bandage over the eyes.

Case 4, James McC.—Seen February 17th, 1883; age, 38 years; Irish and Scotch descent.

History.—First noticed a numbness of parietal and temporal portion of the head on right side, which gradually

extended over the same side of the face, with a burning sensation and loss of motion of the eyeball and loss of sensation of the cornea and integument of that side of the face. Eigteen years ago had syphilis with all its following train of symptoms. At present vision of the right eye 20-40, of lest, 20-30; also diplopia with divergent strabismus.

Eteology.—Probably due to the syphilis.

Diagnosis.—Probably gummatous deposits upon the motor nerves of eye and facial sensory.

Prognosis.—Favorable, as syphilitic troubles are generally quite ameniable to treatment.

Case 5, John E.—Seen February 24th, 1883; age, 49 years, born in Missouri.

History.—For five years has noticed the gradual formation of ptyrigium, with slow inflammation of upper lid. (Chronic opthalmia.)

Treatment.—Transplantation of the apex of the ptyrigium to palpebral conjunctiva of lower lid.

For conjunctivitis, cupra sulph three times a week was used.

Case 6, Edward G.—Seen March 2d, 1883; age, 72 years; born in England; resides at Rosedale; occupation, blacksmith.

History.—Two years ago sight of left eye began to fail. The right eye also began to fail about ten months ago; appearance, illy-developed globe and deeply seated in the orbit; vision left eye, barely perception of light; right eye vision, 3-50.

Diagnosis.—Senile cataract; the one in right eye not quite matured.

Treatment.—Graefe's operation for cataract after cataract in right eye matures.

Case 7, F. M. P.—Seen March 2d, 1883; age, 37 years; born in Virginia.

History.—On the 20th of January a stick of wood struck him above the brow, and a splinter from it passed down through the upper eye lid, just grazing the cornea and com ing out below the lower lid. The doctor first called applied cold water dressings and atropia, also sol. nitrate of silver to the eye. Three days after accident eye began to pain and the pain was incessant, until the patient came here two weeks ago. Former treatment was discontinued. In its place belladonna was used; also applied poppy infusion to the eye and three leeches to temple, which eased the pain for the night, but it returned in the morning. Then this treatment was discontinued, and sulph eserine gr. to 5j. was used, which stopped the pain almost immediately.

Diagnosis.—Cyclitis, with posterior synechia rupture of iris cilliary muscle.

Case 8, T. C.—Seen March 2d, 1883; age, 30 years; born in Massachusetts.

History.—When three years old had an attack of sore eyes, that was epidemic at the time (probably purulent opthalmia.) Vision of right eye counts fingers four feet away; three feet with the left eye.

Diagnosis.—Leucoma, chronic conjunctivitis, with pannus and anterior staplyloma.

Treatment.—For the pannus syndectomy was performed; for the leucoma, irodectomy, for an artificial pupil as well as to relieve the anterior staphyloma. The operation also relieved the conjunctivitis.

Society Reports.

PROCEEDINGS

Of the District Medical Society of Northwest Missouri, at St. Joseph, April 12th, 1883.

[For Kansas and Missouri Valley Medical Index.]

The District Medical Society of Northwestern Missouri met in its regular session, at the Court House, in St. Joseph, at 10 o'clock a. m., on Thursday, April 12th. Twenty regular members responded to the roll-call.

The minutes of the preceding meeting were then ordered

deferred. Dr. J. A. Simmons was elected President protem. A committee on programme for the day was then appointed, consisting of Drs. D. A. Christopher, C. J. Simmons, J. D. Stringfellow. The following order of business was then adopted: Essays for afternoon session from Dr. Feigenbaum, of Oregon, Missouri, and Dr. R. H. Smith, of Craig, Missouri. Report of cases for evening session, Dr. J. H. Doyle. Discussion of the regular question, Pneumonitis, Dr. C. J. Seimens tendered his resignation as a member of the society. After remarks of regret, the resignation was ordered accepted.

AFTERNOON SESSION.

The Society convened in the spacious rooms of the Court House, St. Joseph, Missouri, promptly at 2 o'clock p. m. Twenty-seven members responded to the roll-call.

A suggestion was offered ordering the Secretary to correct the roll, eliminating the names of members not in good standing."

The minutes of the preceding meeting were then read in full and ordered approved.

Dr. France addressed the chair, and respectfully asked that the number of members dropped from the list during the year be reported.

The President ordered the same to be "extraordinary business," and deferred.

The Treasurer then made his annual report, showing, after all debts were liquidated, there remained in the treasury a balance of \$19.50. The report was received and adopted.

The name of Dr. G. W. Chamberlin was then offered for reinstatement.

Dr. Brown, of Mound City, suggested that the gentleman's dues be remitted.

Debate followed, and ordered deferred.

The application of William M. Wallace, M. D., of Pispering, Missouri, graduate of the University of Buffalo, was then offered. The name was then ordered before the

committee on elections. The gentleman was announced as a member of the Society.

The matter of a corrected list of actual members was called up a second time by Drs. France and Brown. The Secretary, claiming the books were misplaced, asked exemption.

Election of officers then followed. The name of R. H. Smith, of Craig, Missouri, was put in nomination for President of the Society for the ensuing year. There being no opposition, the Secretary was instructed to cast the vote of the Society. It resulted in the election of Dr. Smith, unanmously.

Nominations for two Vice Presidents were then in order. Dr. J. D. Stringfellow, one of the most honored members of the Society, and Dr. Brown, of Mound City, were put in nomination and unanimously elected.

Dr. J. M. D. France was then announced for Corresponding Secretary. Declined. Dr. Christopher was then announced and elected Corresponding Secretary.

A Recording Secretary and Treasurer were then elected, and one member to act as Librarian.

Dr. Goslin then offered a resolution recommending Dr. Bryant, of Savannah, Missouri, as a member of the State Board of Health. The subject was considered, and resulted in the nomination of Drs. Bryant and J. W. Heddens. The subject was again discussed, and resulted in Dr. Bryant, of Savannah, Missouri, as the choice of this Society for appointment.

A motion was then made instructing the President to forward to the Governor the proceedings of this meeting.

The regular essayist being absent, reports of cases were next called. The Society then adjourned till 7:30 p. m.

EVENING SESSION.

Pursuant to adjournment the Society met at 7:30 p. m. President and subordinate officers in their chairs.

The regular essayest, Dr. R. H. Smith, the newly elected President of the Society, having been unwell for several weeks, was excused. Dr. T. H. Doyle begged to be excused from his engagement as an essayist for the evening, stating he was naturally disinclined to writing, etc., etc. He then reported the case of a man, injured by falling from a telegraph pole. The man survived. The case was then discussed by members present. The accident resulted in hemorrhagic effusion and compression; the effective remedy used, bromide of potash.

Dr. Geiger next reported a case of spinal injury, resulting in paralysis of the bladder, and recovery, by counter-irritants, stimulants, etc.

Dr. Spicer stated, in reference to the above cases, that in an extensive experience among sailors thus injured by falls, phlebotomy was invariably resorted to with marked benefit in every instance.

Dr. Estis, of St. Joseph, then reported a case of a man suffering from invagination of the sigmoid flexure of the colon. Tympanites and vomiting occurred, with tenesmus. Morphia and injections were used; the temperature below the normol; patient several times rallied, but finally succumbed. Post mortem examination confirmed the diagnosis, revealing also a rupture of the mesentery.

Dr. Goslin then spoke in favor of early operations when diagnosis is certain in such cases.

Dr. Spicer next reported a similar case in a child four years old, treated mainly by aconite and spirits ether nitre in graduated doses, and recovery. Dr. Spicer impressed the importance of forcible retention of the injections in these cases.

In corroboration of operative procedures in these cases, Dr. R. H. Smith, the newly elected President, reported an interesting case, recovery after operation.

Several obstetrical cases were then rehearsed. Turning, in abnormal presentations, before rupture of the membranes was urged.

Dr. McIntyre asked the advocates of "turning without rupture of membranes," to explain the possibility of version

after above method. The explanation was, that membranes were ruptured, but introduction of the hand to uterus prevented escape of waters.

Some time was spent in discussing the propriety of introduction of the hand to uterus where the secundines were delayed three days. Dr. McIntyre closed the argument by repudiating the idea of any possible necessity for any such delay in removal of the placentad, etc.

Dr. Christopher reported interesting cases of cardial aphonia and destructive sloughing of the mammery glands.

Dr. Brown mentioned a case of recovery from eclampsia, by the use of the lancet.

Dr. Heddens replied, in respect to causation of the above by Ergot, it was a post hoc rather than a proctor hoc.

The subject was freely discussed, resulting in an expression of the members in favor of using Ergot.

The action of quinine on the uterus was fully discussed. The discussion of the regular subject was deferred.

The newly elected officers were conducted to their seats, a proper programme adopted for the ensuing meeting in July, and after appointing committees, the Society adjourned to meet again the first week in July.

PROCEEDINGS

Of the South Kansas Medical Society, at Hutchinson, May 1st, 1883.

The South Kansas Medical Society met in Hutchinson, May 1st, 1883, in Masonic Hall. Members were present from Cowley, Sumner, Sedgwick, Harvey, Rice and Reno counties. Papers were read and fully discussed by all, and quite an interest was manifested throughout, at this meeting and all went away pleased.

Dr. Robertson invited the members to visit a case at his residence, which was done, and afterwards discussed in Society.

Members who failed to present papers, as per previous appointment, were fined fifty cents each.

Drs. Boyd, Sherrick, Coleman and Shepherd were appointed delegates to the American Medical Association.

Drs. Coleman, Robertson, Russell, Shepherd, Harris, Allen, Smolts, Furley, Pleasants, Reed, Hill and Martin were appointed to prepare papers for the next meeting.

Drs. Allen and Mendenhall discussed fully the reasons why the Legislature failed to pass a medical law, giving what they considered the best method to pursue in the future.

The usual miscellanous business was transacted, when the the Society adjourned to meet in Wellington, Tuesday, September 4th, 1883.

T. J. MILLER, M. D., Secretary.

PROCEEDINGS

Of the Eastern Kunsas District Medical Society, at Topeka, April 10th, 1883.

The regular quarterly meeting of the Society was held at Topeka, April 10th, 1883, the President, Dr. W. L. Schenck, of Osage City, in the chair.

Minutes of previous meeting read and approved.

Drs. Pearson, Bailey and Lindsay, of Topeka, and Dr. Shaw, of Osage City, were elected members.

Dr. Burdick, of Carbondale, exhibited a patient with cystic disease of the right testicle. There was no venereal history. The testicle has been slowly enlarging for a year and a half, and is soft and painless. The man is a robust laborer, forty years of age, the father of a family. Early extirpation was advised.

Dr. Stormont reported a very interesting case of angina pectoris occurring in his practice, in which there is probably an aneurism at the aortic arch.

During the discussion which followed, as illustrative of the remarkably diuretic virtues of digitalis, Dr. Ross, of Wyandotte, instanced the speedy drainage of an abundant effusion in an advanced case of cirrhosis, which was under observation.

Dr. Picard then read a paper entitled "Urticaria."

In the somewhat extended discussion which followed, a variety of theories and remedies were suggested. Dr. Stormont proposed the subcutaneous injection of Ergot on account of its well known power of contracting the blood vessels. Dr. Terwilliger remarked that he had found the alkalies of great service in this disorder, but the essayist replied that, after a very extended trial, he had found them worthless, or nearly so.

The Society then adjourned to meet at 7:30 p. m.

At the evening session it was announced that the annual election of officers was the present order.

The following gentlemen were chosen by ballot: President, Dr. Redden, of Topeka; Vice President, Dr. Ross, of Wyandotte; Secretary, Dr. Picard, of Topeka, re-elected; Treasurer, Dr. Stormont, of Topeka, re-elected.

The remainder of the evening was spent in a highly profitable surgical discussion, embracing fractures of the bones of the head, glositis, etc.

Adjourned to meet at Leavenworth on the second Tuesday of July, 1883.

We give the following report from the State Medical Society, by telegraph, just as we were about to close our forms for this issue. The following is a list of officers elected for the ensuing year:

Dr. D. W. Stormont, President.

Dr. W. S. Mendenhall, First Vice President.

Dr. D. K. Longshore, Second Vice President.

Dr. F. D. Morse, Secretary.

Dr. C. H. Guibor, Asst. Secretary.

Dr. W. W. Cochrane, Treasurer. Dr. J. B. Hibben, Public Orator.

Drs. Boyd, Hannawault Schenck, Jones & Roberts, Board of Censors.

Will give full report next month.

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., Fort Scott, Kansas, W. C. BOTELER, M.D., St. Joseph, Missouri, Editors.

JNO. R. CHEANEY, Bus. Editor.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

THE NEW YORK DOCTORS.

Not unlike ward politicians, the doctors of the New Amsterdam have a time of it among themselves. To one at a distance it looks about as follows; 1st, The adherents of the new code succeed in packing the State Medical Society. 2d, The adherents of the old code pack a meeting of the Academy of Medicine by notifying their friends of their intention of trying to secure a reaffirmation of the old code. they were successful, and for which they are severely censured by the President, Dr. F. Barker, who threatens to resign. Sacrilege even is hinted at for invading the sacred portals of the academy with the tricks of the ward politician. Next the newspapers interview Barker, Agnew and others, and communications to the medical press by the Flints and others. Bellevue Hospital Medical College has openly declared in favor of the old code, while the University and Twenty-third street schools are considered in favor of the new. While these things are going on in New York City, some of the practical workings of the controversy are beginning to be felt, as for instance A patient was the case of Dr. Schaffer, the orthopedist.

brought to his office from New Jersey with morbus coxarius. He commenced treatment, and the little patient was taken home, and shortly afterwards was taken with typhoid fever, and treated by the family physician, a homecepath. During the latter sickness some question with reference to the hip joint disease came up, and Dr. Schaffer was sent for and consulted with the attending physician. The County Medical Society took offense, and passed a resolution of cen-Before the agitation of the code question the matter would probably not have been noticed. In fact there was no impropriety in the visit of Dr. Schaffer, if he confined that visit to the hip disease. But during the present agitation we can readily see the apparent offense. We are glad to see that the fight is limited to New York State, or really only to Kings county, and that the matter is attracting but little interest anywhere else.

GERMS.

It is certainly very discouraging to the country physician to try and believe all he reads, for one week he sees Koch's germ theory corroborated by the best medical talent in our country, and the next he is compelled to notice that some one else equally as eminent in the profession has exploded the whole theory which he has just read and adopted in his own mind. When we were just settled down, not noticing an article for a whole week headed "Pasteur vs. Koch," and thinking probably they would have it all explained on both sides ere we heard from them again. But now comes Peter vs. Pasteur; but far to the contrary of what we expected, he did not attack the germ theory itself, nor does he deny that the discoveries of this investigation had been of signal service in both obstetrics and surgery. It was to minds inspired by the theories of Pasteur, he said, that we owed the conception of antiseptic surgery. A prevalence of the same ideas has led to the adoption of certain precautions by means of which puerperal fever has become a far less com-Digitized by GOOGIC

mon disease. He maintained that the discovery of the material elements of contagion had, thus far at least, thrown no light upon the pathological anatomy, the evolution, the treatment, or, above all, the prophylaxis of contagious disease. M. Peter further said he had purposely turned the discussion from typhoid fever to germs in the academy, thinking the battle fairly begun he was certain to win. In conclusion, we can only say that we patiently await the victory, for, as we said at first, we still say it all depends upon what Koch and Pasteur have seen through the microscope.

Book Reviews.

Biddle's Materia Medica for Physicians and Students, by John B. Biddle, M. D., Late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. Revised, Enlarged and Improved. Ninth Election, in Accordance with the Sixth Revision of the H. S. Pharmacopeia.

This old friend and most invaluable work came to our table on the 13th, but so thoroughly amplified and changed that we scarcely recognized it. Biddle's Materia Medica, since the issue of its first edition, has stood without parallel as a condensed, accurate and scientific work. It is unequalled as yet, for convenience of immediate reference, for both student and physician.

It is untrammelled by hypothetical theories and tiresome theoretical therapeutical discussions. Terse, brief, accurate and to the point. Thirty new and valuable drugs and preparations, recognized now by the U. S. Pharmacopeia, are admitted and described, viz.: Duboisia, Homotropia, Phytolacca, Ol. Santal, etc., etc.

Some unimportant agents dropped. The Physiological plan of the action of Medicines has been adopted and the new chemistry followed.

Price, Cloth, \$4.00.

" Leather, \$4.75. Pages 537.

P. Blakiston, Son & Co., Philadelphia, Pa.

Headaches: Their Nature, Causes and Treatment, by Wm. H. Day, M. D., of Royal College of Physicians, London. First requisite for success in life is to be a good animal.—H. Spencer.

A most excellent and exhaustive treatise on the origin and treatment of all forms of headaches from childhood to old age. Easy of diction and accurate in detail. Every practitioner can be profited by its perusal. Contains an invaluable formulary list of appropriate prescriptions. Pages 130. Price, \$1.25.

P. Blakiston, Son & Co., Philadelphia, Pa.

The Quarterly Compendium of Medical Science, formerly published half-yearly, now quarterly, is on our table. We commend it to all practitioners of medicine. The price of subscription is the same, \$2.50 per year.

We are in receipt of the April No., Vol. 1, No. 1, of the Americal Psychological Journal, edited by Joseph Parrish, M. D., Burlington, N. J. Thanks, Bro. Parrish, we welcome you to our X list.

Selected Articles.

Dr. James Tyson, of Philadelphia, delivered before the State Medical Society an address on "Malarial Hæmaturia," as follows:

"Malarial Hæmaturia," chiefly as it occurs in the Middle States formed the prominent part of his address, but he completed his subject with a brief picture of the malignant form of malarial hæmaturia, as it occurs in our Southern States. His paper was based upon a study of seven cases, one of which was an instance of the so-called hæmoglobinuria or hæmatinuria, in which there are no red discs in the urine, but simply the coloring of the blood, resulting from their disintegration and solution. This patient was a negro; the remaining six were white men.

This interesting disease, mainly confined to men, is almost

invariably traceable to malarial exposure, and is characterized by the paroxysmal or continuous flow of bloody urine. It may or may not be accompanied by other symptoms of malarial disease, as chilliness, coldness of the hands and feet, pallor and blueness of the face, sense of weariness, etc.

The urine is usually acid in reaction, sometimes neutral, rarely alkaline, always albuminous and contains blood discs and blood-coloring matter, or the latter alone. In the latter case, a granular debris, probably the result of the disintegration of the blood discs, is present. Casts of the uriniferous tubules are frequently, but not always, present; they may be hyaline blood-casts, or red and granular, the latter being formed of the granular debris referred to.

The pathology is theoretical, the malarial poisons being supposed to cause the alteration in the blood and blood-vessels, which permits the transudation of the former. The anatomy is also undetermined, although there is reason to suppose that changes suggesting inflammation are found in the kidney.

The disease has to be distinguished from cancer of the kidney and calculous disease attended with hemorrhage, and from other infectious diseases in which there is hæmaturia and hæmoglobinuria, as well as from the effects of poison introduced into the blood. The history of the case and the absence of pain and cachexia distinguish it from the first two, and the other symptoms of infectious diseases and poisoning from the latter. We must first determine whether the hemorrhage is from the bladder or kidney. The presence of casts, when present, point definitely to the kidney as the source of the blood; but they are not always present. Clots of blood rarely attend hemorrhage from the kidney, while they are common in hemorrhage from the bladder.

It the diagnosis is accurately made, the results of treat ment are often brilliant. It is that for malaria. Quinine, in doses of three to five grains every three hours when the hemorrhage is continuous, until it ceases. Or, if intermittent, sixteen to twenty grains sufficiently anticipating the

paroxysm, should be given. Mercurials may be combined with quinine. Iron, arsenic and astringents have not been found of much service. The natural waters containing iron and alum may be expected to be of service, such as the Orchors Acid Spring of New York, and Bath Alum and other springs in Virginia, and some have a reputation in hæmaturia.

The "malignant" form of malarial hæmaturia, of which many more cases have occurred in the Southern States during the past fifteen years, than previously, is much more serious and The hæmaturia is here sometimes ushered in more fatal. with a chill or two, or the bloody urine may appear at once. Large quantities of bloody urine are passed, it is said one or two gallons in twenty-four hours. The urine is porter like. and the sediment sometimes almost tarry in consistence. There is obstinate nausea and vomiting of bilious and dark matter resembling black vomit. Intense jaundice rapidly supervenes; sometimes in an hour the whole body is stained The jaundice is hæmotogenetic. There may be fever, hot skin, and a temperature of 104° to 106°, but the strength rapidly declines, and the patient often dies in from twenty-four to sixty hours, and if he recovers, convalesence is prolonged. The negro seems to be exempt.

Autopsies show the same intense coloration of the internal organs, and sometimes the spleen is enlarged.

The only curative treatment is by quinine aided by mercurials. Morphia and carbolic acid have controlled the vomiting. Stimulants are necessary.

Dr. T. Gaillard Thomas, in writing on Intra Uterine Injections, in the treatment of puerperal septicæmia, says: The following case seems to me to illustrate what should be the accepted treatment of puerperal fever, or puerperal septicæmia, at the present day. The case was that of a lady in the higher walks of life, whom I was called to see about a month ago, in consultation with her physician, a man of

wide experience. She was a primipara, was taken at four o'clock Sunday afternoon, and at 9 o'clock was delivered of a female child without any difficulty or assistance. Her physician examined the external genitalia carefully, and found no tear whatever. The nurse was instructed to syringe out the vagina carefully the next day with carbolized water, which she did. The first forty-eight hours passing without any bad symptoms at all, but on visiting her on Tuesday morning, found a temperature of 101°, F., and in the evening it had risen to 102.5°. The next morning, the morning of the fourth day, the temperature was 103°, and the patient began to complain of pain in the right iliac fossa. There had been no chill. At 5 o'clock in the afternoon the temperature was 106.5°; the pulse was 145. The patient's appearance became wild, as one who was about to have puerperal mania, although she had received a good deal of morphia. On making a vaginal examination, I found a bilateral laceration of the vaginal junction. I urged that the uterus should be washed out at once with carbolized water. But her physician, who had never seen the method practiced. was strongly opposed to it. He finall consented, only because it was apparent that unless something decided was done the patient would soon die. Using the Chamberlin tube and the Davidson syringe, Dr. Jones, and afterwards Dr. McCosh, continued to wash out the uterus with carbolized water every four hours during the night, and next morning the temperature was found to have sunk from 106.5° to 101°; the pulse had fallen from 145 to 120. The patient, who had been given opium during the night, declared that she was very much relieved. The relief seemed to come so quick they seemed to think there was no real danger at all, and the injections were given at longer intervals. But at once the temperature went up to 102°, 103°, 104° and 105°. The uterus was not being washed out every three hours; and the patient again began to look maniacal. The uterus was now washed out every three hours, and opium was freely given. Ten grains of quinine was given every eight hours. Ice

water was passed through a rubber tubing and placed over her abdomen, and as long as this treatment was kept up the temperature did not rise above 101° or 102°, but so soon as they ceased to wash out the uterus the temperature at once rose to 104°, and at times 105°. This fact was proved by by repeated trials. Dr. Thomas says, after continuing the treatment for ten days, the temperature again rose to 105°, upon stopping the use of the injections, but at the close of sixteen days the treatment was discontinued, with the exception of small doses of opium, and she recovered entirely.

After reporting another case, Dr. T. says: It seems to me the time has come when puerperal septicæmia should be treated upon just as simple a plan as septicæmia of any other kind is, namely, by washing the diseased surface with some antiseptic fluid; secondly, quiet all pain with opium; third, get the peculiar influence of quinia upon the nervous system; fourth, keep the temperature, at all hazzards, at or under 100°, by the methods which we now possess. Dr. T., in conclusion, says: I believe the dangers attending the injections are more than counterbalanced by the benefits to be derived. I do not believe that air will be introduced if a tube of large size is used—say as large as the finger. But when the catheter is used there is some danger of introducing air and fluid both into the vessels.

MOVEMENTS OF THE EYES PROVOKED BY PRESSURE ON A DISEASED EAR.

At the meeting of the Ophthalmological Society of the United Kingdom, Dr. Hughlings Jackson described a case which resembled one reported by Schwalbach, and was important as a demonstration that ear disease is one cause of, or one factor in, producing vertigo. It was a clinical illustration of one of Cyon's experiments on the semi-circular canals of rabbits. The patient, a woman aged 49, had suffered from otorrhosa on the right side from childhood. She had recently become subject to attacks of auditory vertigo,

and had a peculiar unsteady gait, resembling that produced by alcoholic intoxication. Pressing on the tragus of the right ear caused certain definite movements of both eyes: first the eyes moved slowly to the left; then they moved back again, by jerks, to the right; at the same time she felt giddy, and there was apparent displacement of objects to This displacement was synchronous with with the slow movement to the left. The patient was examined by Mr. Laidlaw Purves and by Mr. Couper; and, under treatment, by syringing the ear, and the internal administration of quinine, she improved so that only the slightest movements of the eyes were producible by the pressure spoken of. Dr. Jackson referred to researches made by Dr. James, of Boston, U. S. A., which seemed to show that deaf mutes were not easily made giddy by rotary movements, and were not at all liable to sea-sickness. He thought that the procedure mentioned in this case might probably be helpful in the diagnosis of some difficult cases; and that the different results obtained at different periods in such cases would be some measure of the patient's progress. So far as it was possible to do so Dr. Jackson had satisfied himself that the apparent movement of objects was synchronous with the slow movements of the eyes, and was in the same direction as these latter.—Am. Jour. Med. Sciences.

SYPHILIS OF THE EYE AND ITS APPENDAGES.

Dr. LEARTUS CONNER publishes in the American Journal of the Medical Sciences for April, 1883, an interesting paper on this subject, in which the following points are emphasized:—

(1) The study of specific ocular diseases is helpful in the diagnosis of certain obscure cases otherwise difficult to make out satisfactorily. Thus, a specific iritis will at once set at rest all doubts as to the origin of a series of indefinite general symptoms which have annoyed the patient and puzzled the doctor.

- (2) The careful attention to these cases is the only method by which, in many cases, the eyes can be saved intact during the course of the disease. Surely when such attention can save eyesight in some cases, it is criminal not to give it to every case.
- (3) The study of these lesions calls for the most searching examination of the entire organism. Especially is this true of such affections as cannot be distinguished from like diseases of the eye due to far different causes. Thus, if the early treatment of a dacrocystitis be simply local, it is sure to fail if it be of specific origin. Hence the only chance to avoid failure lies in such an examination as will reveal its specific nature. The same remark applies with even greater force to many other specific diseases of the eye, as will be gathered from his brief review. From this it follows that in every eye case, the only safe practice is to constantly entertain the possibility of specific infection.
- (4) The treatment of every specific case calls for constant watchfulness of the eyes with the ophthalmoscope, otherwise lesions impossible to repair may be established before the practitioner is aware of their existence or of any danger. Perhaps in no class of troubles is it more apparent that the general and special knowledge of morbid phenomena need to be constantly combined in one person. The special practitioner needs to be a general one, and the general practitioner a special one.

DIVISION OF THE FEMUR BELOW THE TRO-CHANTERS, PERFORMED SIMULTANEOUSLY ON BOTH SIDES, FOR ANKYLOSIS.

Dr. Jos. C. Hutchison reports in the April number of American Journal of the Medical Sciences for 1883, a case of a boy, aged 13 years, in which division of the femur below the trochanters was performed simultaneously on both sides, for angular ankylosis of the hip-joints following cox-

algia. As the result of the operation it is stated that the lordosis continues, but is slightly less marked than before the operation. There is some obliquity of the pelvis towards the right side. The lower extremities are straight or nearly so; the thighs are slightly adducted, especially the right. He often uses a cane, but can get about very well without it. There is no motion at the hip-joints nor at the seat of the osteotomy, but there is considerable increase of mobility in the lower lumbar and sacrovertebral joints.

This case is especially worthy of note from the fact that the osteotomies were made by open wounds directly to the bone; it was not intended to make them subcutaneous. The osteotome was introduced and placed transversely across the bone in order to divide it, and consequently the external air was admitted directly to the interior of the bone.

This case has a further interest from the fact that it is the only one in which osteotomy of the upper part of the thighbone has been done upon both sides simultaneously. The operation commends itself to the surgeon on account of both its simplicity and safety. The external wound behaves as well and heals as readily as a simple tenotomy; indeed Dr. Hutchison states that he has seen more local disturbance from an ordinary tenotomy than occurred in any of the eight osteotomies that he has performed on the femur.

LIGATION OF BOTH ARTERIES OF THE FOREARM.

BY DR. TH. KOELLIKER, LEIPZIG.

"A sarcoma had grown upon and around the radial side of the hand, reaching both on the dorsal and palmar aspect to the ulnar border of the third metacarpal, and including the thumb. At a point over the thumb metacarpal the tumor had perforated the skin and frequently bled, on account of which it was determined to operate.

"A dorsal skin-flap was made, springing from over the

third metacarpal, and the tumor removed, exposing the extensor tendons. With difficulty it was removed from the volar region, both palmar arches receiving several incisions. Esmarch's bandage had been applied, and upon its removal such a violent hemorrhage followed that the ligation of both ulnar and radial arteries was decided upon; this was done at the wrist-joint. Drainage was provided for, the flaps stitched, and an antiseptic compress applied. The arm was fixed in a vertical position.

"There was no secondary hemorrhage, but on the sixth day the edge of the volar flap necrosed, and half of the larger dorsal flap, with consequent death of the exposed short extensor tendons of the thumb. On the ninth day, the tip and volar side of the first finger became gangrenous; the finger, however, was preserved. Five and a half months after the operation the patient is able to use the hand in light work."—Exchange.

"Sulpho-Carbolate of Sodium in Vomiting of Pregnancy.

—Philip Miall states that sulpho-carbolate of sodium seldom fails to afford relief in the vomiting of pregnancy. It is to be given in doses of seven or eight grains in a half ounce of water. He suggests a trial of the same remedy in seasickness."

Miscellaneous.

NATHAN MATLACK SCHOFIELD.

It becomes the painful duty of your committee to report the death of Dr. Schofield, who was a member of this society. He was born in Lancaster county, Pennsylvania, December 23d, 1817, being the second son of a family of six.

Nathan received his early education in the common schools of Pennsylvania. He then began the study of medicine under the preceptorship of Dr. Schofield, his father,

who was a regular and highly respected practitioner, living near Philadelphia, Pennsylvania. He commenced the practice of medicine at Williamsburg, Johnston county, Indiana, in the year 1836, and attended two full courses of lectures in and graduated from the Jefferson Medical College in the class of 1838-9. He continued the practice at Williamsburg until the spring of 1861, when he removed to Franklin, the county seat of Johnston county. Here he continued the practice until the fall of 1870, and after an uninterrupted practice of thirty-four years, he removed to Indianapolis, Indiana. Here he retired from active practice and engaged in the mercantile business until the spring of 1875, when he returned to his first love and resumed the pursuits of his profession again. The doctor's health now began to fail from impending cardiac troubles, and he concluded to remove to Kansas, which he did in the summer of 1877, and continued to practice his profession in Maple City, in Cowley county, until the spring of 1881, when he removed to Winfield. Although to all appearances the doctor seemed well, his health gradually failed, but he was able to attend to his professional duties up to the hour of his death. when he died suddenly of valyular disease of the heart, which occurred November 11th, 1882. Dr. Schofield was probably the oldest practitioner in this society, having been engaged in active practice for more than forty years. He had always been a member of the local societies wherever he resided, and was the founder of the Johnston County, Indiana, Medical Society, and for many years its president.

He leaves a wife and five children to mourn his untimely death.

DR. J. H. COUCH.

Dr. J. H. Couch, the oldest and one of the pioneer prac-

titioners as well as citizens of this city and county, died recently at his home just east of the city limits.

Dr. Couch was born in the State of Indiana, commenced the practice of medicine in Monroe, Wisconsin, and removed to this county in 1857-8, and pursued the practice at a time when doctors were scarce and lived far apart, and it' was not unusual to receive calls from a distance of thirty or forty miles, with no roads but Indian trails and cow paths, necessitating horseback riding altogether. and toilsome work brought on rheumatism, some years ago, with heart complications, to one of which attacks he finally He may be said to have died in the harness, succumbed. attending to business within a few days of his death. urally of a kind disposition, but few appealed to him in vain for medical services, though in nany instances, doubtless, undeserving, Many, many such will miss him. good will to all and malice toward none-aged before his time, worn out in one of the most laborious of professions, he has gone to rest where the midnight, call-bell does not disturb him, and dissentions and strite of isms and code of ethics are unknown. Peace be to his ashes.

Boracic Acid in Diphtheria. - A writer in the London Lancet is so impressed with the good result of his treatment that he feels called upon to publish it. He believes the disease to be primarily local, and, further, that it always begins in the fauces, never first in the larynx; consequently it is always accessible early. The exudation he finds is checked, and the false membrane to rapidly disappear with early local application of boraic acid. The solution used is as follows: Boracic acid two-drachms; glycerine and water, each half an ounce. This to be applied freely every hour at first. He advises its continuance for some days after the throat is clear. It appears innocuous, an ounce having been applied frequently within twenty-four hours in young children.

In regard to the innocuousness of boracic acid, it should

be said that a Russian physician reports two cases in which it proved fatal. In one a five per cent. solution was injected within the pleural cavity after an effusion had been aspirated in a case of pleurisy of three week's standing, washing it out and part being allowed to remain. The patient soon began to vomit, did so constantly next day, pulse became small and frequent, hiccough came on, and the patient became feeble. An erythema appeared on the face, with swelling, extended and became vesicular. Other symptoms became more marked, and he died on the fourth day. In the other case a large lumbar abscess was opened and washed out with the same solution; he died on the third day, the same symptoms being observed. No autopsy in either case. It is questionable whether these results were attributable to boracic acid.

A Sedative Emmenagogue.—For a day or two antecedent to the actual commencement of the catamenial flux, women not infrequently suffer acute pain in the pelvic region, doubtless due to hyperæmia and hyperæsthesia of the reproductive belongings. To obviate this I have found no treatment to give such satisfactory results as the following:

R Codeiæ sulphate, one-eighth grain.

Chloral hydrate.

Ammonii bromide, aa. xx grains.

Aquæ camphoræ, j. ounces.

M. For hne dose. S. Take at bedtime.

A repetition of the dose at that period is rarely necessary. In some cases a warm sitz-bath of fifteen minutes' duration before retiring is a valuable adjuvant.— Va. Med. Monthly.

Radical Cure of Hydrocele.—For this purpse Dr. Lampugnani, of Pavia Hospital, employs with great success chloral hydrate, dissolved in equal parts of warm distilled water, injecting by means of Potain's capilary trocar. As a general thing one or two grams of chloral in children, and four in the adult, and from that dose to eight grams in

the aged. The burning pain produced is allayed by cold applications, and if absorption has not become complete in eight or ten days, the injection in a smaller dose is repeated — Gaz. Med.

Curative Action of Erysipelas.—According to Dr. Dauchez (L'Union Medicale), erysipelas may exert a beneficial effect upon a number of diseased tissues by exciting in them a healthy action through active inflammation. It modifies favorably some ulcers, especially phagedenic chancre and lupus. Fungous tumors are destroyed, old supurations dried up, and elephantiasis cured. This action is indeed rare, yet it is sometimes observed, and the possibility of its occurrence borne in mind.—Medical Digest.

We are in receipt of a sample bottle of Fehling's Test. Tablets, sent us by the progressive house of John Wyeth & Bro. They are put up for the ready preparation of the Test Solution of Potassio-Cupric Tartrate to detect the presence of sugar in the urine. We have tried them and have no hesitancy in recommending them to the profession. See advertisement in this copy.

Eucalyptus in Whooping Cough.—The Medical Record, January 27, 1883, says that Dr. Witthauer reports four cases of pertussis, treated with tincture of eucalyptus globulus, which recovered in a little over three weeks. The dose for children from two to four years of age was 5–8 drops. One of the patients, eighteen months old, suffered from well-marked rickets. After taking the eucalyptus for four weeks, not only was the whooping cough cured, but the enlarged epiphyses were reduced, and the child, who had never before attempted to stand on his feet, learned to walk.

The Missouri State Medical Society is now in session at Jefferson City. We hope to have report next month.

THE

Kansas 🛢 Mó. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4.

FORT SCOTT, KANSAS, JUNE, 1883.

No. 6.

Original Communications.

CONVULSIVE AFFECTIONS IN CHILDREN AND THEIR TREATMENT..

Dr. S. Henry Dessau writes in the New York Medical Record for June 2nd as follows on the above subject:

Children, from infancy to the age of five years, are especially liable to convulsive attacks, and those beyond that age, when of a highly nervous organization, are frequently affected. The peculiar susceptibility to convulsions is supposed to be owing to the highly irritable nature of the growing cerebro-spinal system. It is moreover largely influenced by certain inherited tendencies, especially affecting the nervous centres, which act in the nature of predisposing causes.

Convulsions in children occur as a complication and often as a symptom of numerous diseases. They may also be produced by local mechanical irritation. In general terms they may be said to depend for their primary cause upon an irritation of certain nerve-centres in the medulla, modified, perhaps, by a want of control on the part of certain inhibitory centres, which in the young child are not fully developed. This irritation may be produced directly by the ac-

tion of the blood under certain conditions of quantity and quality, or directly through reflex transmission of peripheral impressions. The secondary or immediate cause may be said to be due to the peculiar susceptibility of the medulla to disturbance produced by the quality of blood flowing to it; and this may be influenced either by chemico-vital changes of that fluid occurring in the body at large, or by the quantity of blood supplied, which supply is controlled by the action of local vaso-motor mechanisms upon the heart and upon the calibre of the blood-vessels in distant parts. This quality consists in either an excess of carbonic acid or a deficiency of oxygen in the blood supplying the brain.

Convulsions produced in animals by the inhalation of carbonic acid gas are an illustration of the one, and convulsions from a large and sudden loss of blood an illustration of the other.

I therefore propose to arrange the convulsive affections of children under two grand divisions, viz.: those due to peripheral or local irritations, and those due to central or circulatory causes.

I do not recognize the class of convulsions in children commonly called essential, for where no assignable cause for their origin can be discovered, they are in all likelihood, especially when occurring after the third year, epilepsy.

Convulsions in children due to the influence of mental impressions may very properly be regarded as hysterical in their nature. There are certain sources of the local origin of convulsions that are of commoner occurrence than others. The most frequent one in the experience of every physician is irritation of the gastro-intestinal canal. This is the first cause generally suspected, in the absence of other well defined and apparent causes, and will bear close scrutiny by the medical attendant. It is commonly due either to an improper quality or too great a quantity of food. More rarely it may be owing to the existence of entozoa, also a loaded condition of the rectum from constipation. Occasionally an intestinal catarrh, arising from sudden changes

of temperature, may be the starting point of the convul-Whatever combination of circumstances will lead to indigestion will, in all probability, excite a convulsive attack, the probability increasing with the acuteness of the stomachal disorder. This is, on account of the manner in which the contents of the stomach in children is bastened on into the intestines, where the undigested matter undergoes fermentation, producing gases and distention which excite pain. Occasionally matter which has been wholly unacted upon by the gastric secretions enters the intestines, where it causes mechanical irritation. I have met with a case of convulsions where large pieces of orange peel were detected in the passages from the bowels. Frequently the irritation proceeds from the stomach, before its contents have passed into the intestines. This occurred in the case of a boy, eleven years of age, whom I attended, where a quantity of sausage had been eaten, and was removed by an emetic. Trousseau mentions a case where the altered condition of the mother's milk, after she had passed through a stase of mental excitement, was sufficient to cause convulsions in her infant, shortly after nursing.

It should not be forgotten that the process of dentition and the rachitic diathesis aid to a great extent as complicating factors in disturbing the function of digestion. This is beyond the part they assume as independent elements in the causation of convulsions in children.

The Doctor next regards dentition as next in order, and says there can be but little doubt that dentition as here implied is a factor in the causation of convulsions, independently of any other element. While the Doctor admits that rickets is a prolific source of these attacks, yet, he says, in most cases where we find children suffering with rickets we will also note that the process of dentition is going on at the same time. Among the minor sources of local irritation by which convulsions are excited the Doctor mentions the following: Burns, scalds, blisters, severe itching from eczema or other cutaneous eruptions.

Under the division made of convulsions due to changes in the quality and quantity of blood supplying the cerebral circulation, fevers occupy the first place in frequency and importance. All fevers are due either to a specific poison circulating in the blood, or to the process of congestion and To the first class belong the eruptive fevers inflammation. of children, such as scarlatina, measles, variola, varicella and erysipelas, and typhoid and malarial fevers. these may be ushered in by a convulsion corresponding to the chill in the adult. In malignant cases, convulsions often occur some time after the fever has begun, probably from the action of the specific poison. Where this happens in the early stage of scarlatina and the late stage of measles, an unfavorable termination may be expected. Convulsions occurring during the latter stage of scarlatina, it need hardly be said, are of renal origin. Intermittent fever in children, especially in those having a convulsive predisposition, presents a marked illustration of the convulsion taking the place of the chill in the adult. All doubts as to the nature of the convulsion may be set at rest when it is found to occur periodically, and is followed by high fever and sweating. the class of fevers arising from congestion and inflammation belong pneumonia, bronchitis, summer diarrhœa and its allied affection heat fever, tonsillitis, and other catarrhal af-Pneumonia involving the apex of the lung is especially apt to be accompanied with convulsions in children. Vogel regards convulsions in children occurring where the disease is located in certain parts, as due to the reflex irritation of the diseased organ or tissue upon the nerve-centres.

It may frequently be observed that there is no direct relation between the rise of temperature and the manifestation of the convulsion, for in children of a nervous temperament, who are more susceptible to the action of the febrile process than others, a moderate rise of fever, as indicated by the thermometer, is sufficient to induce an attack. Gastro-intestinal irritation and the irritation of dentition are frequently attended with fever. But in such cases it seems

reasonable to connect the rise of temperature with the same condition of the vascular mechanism as that exciting the convulsive attack.

The Doctor also states that syphilis and rickets are included under the head of circulatory causes from the fact that the process of nutrition is at fault, and further, that laryngismus stridulus in the common form of convulsive manifestations in rickets. He also mentions pertussis as a prominent cause, and states that the convulsions are the result of mechanical interference with the return of venous blood from the brain through spasm of the muscles of respiration. The Doctor accounts for the convulsion occurring in children towards the end of their summer diarrhæa as due to anæmia caused by excessive drain on the blood, and those occurring in the latter stages of pneumonia and bronchitis from an accumulation of carbonic acid in the blood.

Every convulsion, however slight and limited, and from whatever cause, should be regarded as dangerous, owing to the tendency to paralysis of the vital centres in the medulla through exhaustive expenditure of nerve force. Certain forms of the attack may, however, be considered more favorable in their termination than others. Such, for instance, are those occurring at the onset of febrile processes, where there is no complication with the rachitic or syphilitic diatheses nor dentition, and the paroxysms are not repeated. Where the attacks are general, soon over, and single, they have in my experience, proved less dangerous than where they are partial and long continued. Carpo-pedal contractions should always be regarded as a danger signal for the near approach of a general convulsive attack, and deserve prompt remedial measures. It occasionally happens that effusions into the ventricles of the brain follow a prolonged attack of convulsious, causing death from coma.

In the absence of any known exciting cause—excluding epilepsy, which rarely occurs before three years of age, is without fever and followed by a more or less prolonged comatose stage—I have always considered it safe practice, espendent of the property of the process of the pr

cially where the convulsive movements continue, to suspect intestinal irritation; for I have found in several instances that it was possible for the child to have eaten something that the nurse or mother was unaware of or placed small importance upon.

The first thing to be done, therefore, intestinal irritation being the possible cause, is to administer an enema, which should consist of a pint or more of strong soap-suds with a teaspoonful of salt and a tablespoonful each of molasses and castor oil. This I usually give myself, the suction end of the syringe, if a Davidson, is used, being held by an assistant near the surface of the mixture, so that the oil, as it floats on the surface, may be first thrown into the bowel. Where the enema does not appear to empty the bowels satisfactorily, it is advisable to give a brisk purgative by the mouth, such as three grains of calomel with five of bicar-This should not be given where an emetic bonate of soda. has first been used, until the stomach has had time to rest. Besides unloading the intestines, the enema, by its stimulant properties, acts as a derivative in equalizing the circulation, and the calomel often has the effect of reducing temperature accompanying the intestinal disturbance, when due to other than the presence of undigested matter. If the convulsion occurs shortly after a hearty meal or the eating of any very indigestible substance, an emetic is first indicated. syrup of ipecac or pulverized alum mixed with table syrup can be given, if at hand, or what I generally find more convenient and equally as effective and rapid in action, a draught of tepid mustard water with salt. This can be administered by the spoonful successfully, with the exercise of a little knack and patience. If the physician carries with him a solution of apomorphia, one-fortieth to one-twentieth of a grain may be injected hypodermically into the buttocks. The emetic, besides emptying the stomach of its contents, in many instances aids, by its revulsive effect, in cheeking the convulsive movements.

It has been stated that convulsions have become

again by the application of the hot bath—98° F. to 112° F.
—where used to check them. As will be seen by Schuller's experiments, this might readily occur where a congestion of the cerebral circulation already existed, more especially if the precaution was not taken to apply the cold douche or a compress to the head at the time of giving the bath. I have, however, never witnessed such an occurrence, but on the contrary have seen a persistent attack of convulsions from gastro-intestinal irritation cease, after complete immersion in a hot bath, even where chloroform had previously failed to control it.

It has become an established practice to administer an anæsthetic at some time during the convulsive paroxysm. Chloroform is the one most commonly used, as it acts quickly, and in children is harmless when carefully used. Many physicians are in the habit of using it before all other remedies; while others prefer using it after the measures previously mentioned have been tried. The proper method, in my opinion, depends upon the severity of the attack. If these are violent and prolonged, causing the face to become livid, and are frequently repeated, it is best and safest to administer chloroform in preference to using other means, providing there is no easily perceptible local cause of irritation originating the attack. Otherwise, I consider it better practice to remove the cause first, if possible, and if the attacks continue to use chloroform.

Sedatives may be administered during the attack, or what is better, immediately after, in order to quiet the excitability of the nerve-centres and so prevent a recurrence. Chloral hydrate, either alone in the form of an enema of three to five grains in a half ounce of clear starch, or by the mouth, in combination with bromide of potassium in the proportion of one part of the former to two of the latter, is a favorite treatment, the dose being graduated to the age, and given every two to four hours, according to the urgency of the case. This treatment will be found of the highest service in convulsions depending upon dentition, the rachitic dia-

thesis, or pertussis. Other sedatives, as belladonna in small and frequently repeated doses, tincture of musk, and oxide of zinc have been recommended. Sulphate of morphia, given hypodermically in carefully regulated doses, may also be used, and, especially in symptomatic convulsions, will be found advantageous. Such cases in the comatose stage may be recognized, according to Parrot (*The Practitioner*, vol. xxix., p. 451), by the fact that if the skin be pinched there will be a momentary dilatation of the pupil to two or three times its previous size. Ordinarily these convulsions are limited to one side of the body.

Where malaria is the cause of the convulsions it need hardly be said that quinia is the main remedy indicated to prevent a return of the attack. Cod liver oil and the syrup of the lactophosphate of lime should be given where evidences of rickets exist.

Convulsions occurring in the late stage of scarlatina, in addition to the before-mentioned remedies, should be treated with the view of relieving the renal congestisn. Dry cups to the kidneys, the hot-air bath, and the internal administration of spirits of juniper with bitartrate of potash will be found useful remedies. Our knowledge concerning convulsive affections in children and their treatment may be formulated as follows:

All convulsions depend primarily either upon a peripheral or central irritation of vasomotor mechanisms, and secondarily upon a change in the quantity or quality of the blood supply to the medulla for their causation.

Convulsions from whatever cause and of whatever degree, involve an element of more or less danger to life, and should be treated promptly.

Where there is any doubt as to the exciting cause of the convulsions, it may be safely treated in the same manner as if from gastro-intestinal irritation.

The treatment should be directed to a removal of the exciting cause, if local, an equalizing of the general circulation and quieting of the excited nerve centres.

OBSTETRICAL MANIPULATIONS.

BY W. H. BIRCHMORE, M. D., CARBONDALE, KAS.

I am disposed to trouble you yet once again, and if you are inclined to use my trouble to your pleasure you are fully welcome to do so.

This time I desire to call the attention of your readers to an elementary matter which is, I am surprised to find, a stone of stumbling and a rock of offense to certain practitioners I have met.

Twice during the past year I have been called into consultation with older men in obstetrical difficulties, and in both instances the trouble was the same, and the relief very simple manipulation.

There is almost an objection to using your space for so elementary a matter, but for one simple reason, there are many men practicing medicine in this country who are totally untrained, and who have no idea of scientific obstetrics, or of the proper practice of midwifery, than they have of the method of calculating the refractive formulæ of homeogenous immersion objectives.

Indeed it is no exaggeration to say that there are practitioners of from two to twenty years' experience (?) who have no more notion of the mechanism of labor than if they had never assisted (heaven save the mark!) at a woman's delivery. Once I handed a pair of forceps to a man whose hair was white, and who should, if all accounts be true, have had many years of experience—a man who boasted that he had "learned his trade by practice, not by theory," and he tried to put on the forceps with the convex side of the curve up. Naturally he was hindered lest he should injure the woman, and he coolly replied that he guessed he knew what he was doing. His hair was white, and while I remembered the saying in regard to honoring old age, and considered it best to hold my tongue, and think instead of speaking; but I put on my forceps myself.

But the point to which I desire to draw your attention is the effect of malposition of the uterus in labor. This may seem as the taking of coals to Newcastle; but I am reminded by many reminiscences of how widespread is the idea that a pregnancy corrects ipso facto the uterus malposition. I am not writing this for the benefit of the new men, who probably will tell me that they know these troubles quite as well as I do, but for men who, engaged for some years in their practice, have ceased to pay attention to so very important and fascinating part of our profession's literature, the studies into the wonderful and yet simple problem of mechanism of labor.

Dr. Gehmny (American Journal of Obstetrics, July, 1882,) has ventilated the subject carefully and successfully, but that very success has made the problem seem far too simple. Others are inclined to think he has said all that there is to say, and done all there is to do, forgetful that the record of such cases needs to be increased, and also his work, so splendid and important, is known to but very few, and these few men who hardly need to be informed in the matter.

The fact, in cases where a version exists that the axis of pressure is not identical with the axis of the uterine body, is evident on second thought to almost any one, and still more is this the case in flexions. The whys and the wherefoaes are fully set forth in Dr. Gehmny's article.

More than this, the uterine malposition, which is supposed to be rectified, is not so, especially if it be complicated by a partial prolapse. The tendency in all these cases is to engage the head excentrically, and the manipulation is principally that needed to engage it correctly.

The first of the two cases in which I was called into consultation was with a man, some years my senior, who told me he did not believe is this teaching. The woman was suffering greatly, complaining of horrible agony at each pain, and the shock from each could be plainly seen. I made an examination; and found the os uteri about the size of a dollar, and during a pain a protrusion of the waters,

but the head was presenting against the uterine wall, or the neck wall, as may be distinctly below the os and anteriorly, seemingly an inch or an inch and one-half. The point of head pressure was seemingly deeper in the pelvis than was the os uteri, and the moment the contractions came on the same excruciating agony made its appearance. I pressed my fingers firmly against the presenting part, and although the contraction persisted the agony ceased. I then put the patient into the knee chest position, which produced the necessary result, and the next contraction brought the fœtus into line, and as soon as the contraction passed the patient was placed on her side, and the labor passed on its natural course.

In the second case I found the os dilated fully, a very firm and tense bag of waters protruding, but the anterior lip stretched backwards and downwards, and the same agonizing pain. The patient had been in labor eighteen hours, and was terribly exhausted, so that I did not dare to attempt my previous maneuvre, but, inserting my left hand as far as possible using the fore and middle fingers, I pushed the head back firmly, and quickly drew upon the anterior lip. The force used was very small, but it did its work: the head went to its proper place, and I waited until another pain passed, and as the head was now in the axis of the os and the lip properly drawn up, I released my hold, ruptured the bag of waters, returned the case to its owner, and the child was born in less than ten minutes.

I think no more needs to be said; the suggestion must be plain to all students now, and others have no rights any one is bound to respect.

I am content to believe I convinced the first man, and the second man was not worth convincing, for he was not sure whether the head was engaged or not, and told me there was no bag of waters formed, and sent for me to bring my tools, as a embryotomy was in hand.

I know and could ascertain nothing of the history of these cases, beyond the general history of some womb

trouble, and the aposteriori disgnosis can be made from Dr. Gehrung's article. Yours, W.M. H. BIRCHMORE.

We cannot let the above go to the printers without entering a mild protest against the doctor's pathology and treatment. It certainly can make little difference, when the os is fully dilated, i. e., room for the head to pass, whether the fœtus is in axis of the os or not, provided it is in axis of the bony pelvis. If we remember, Dr. Gehrung's article reterred especially to the first stages of labor, before the os dilated—and it is by no means proven that the develment of the graoid uterus there depicted actually occurs, the weight of evidence is in favor of the theory that antiflexion is harmless.—Ed.

Society Reports.

THE KANSAS STATE MEDICAL SOCIETY.

Synopsis of the Proceedings held at Topeka, May 16 and 17, 1883.

The Kansas State Medical Society convened at Library Hall yesterday afternoon, in annual session, and was called to order at 3 o'clock by the president, Dr. G. W. Halderman.

The following named members responded to the roll call: Drs. W. W. Cochrane, Atchison; B. F. Hepler, Fort Scott; H. O. Hanawalt, Galena; W. S. Mendenhall; Winfield; W. V. Oliver, Longton; R. Morris; F. D. Morse, C. V. Mottram, Lawrence; E. D. F. Phillips, Lawrence; G. Boyd, Newton; J. Bell, Olathe; L. C. Craig, Easton; B. E. Fryer, Fort Leavenworth; J. A. Lane, Leavenworth; C. P. Lee, Pleasanton; T. J. Conry, Florence; L. A. Buck, Peabody; G. W. Halderman, Paola; F. A. Daily, Scottsville; C. H. Guibor, Beloit; R. D. Adams, Camden; J. A. Hopkins, Parkerville; R. H. Chittenden, Lyndon; W. L. Schenck, Osage City; H. P. Woodward, Wamego, L. J.

Lyman, H. S. Roberts, Manhattan; J. Mayfield, Randolph; J. Greene, Alma; D. J. Ross, Wyandotte.

The following were appointed as a Board of Censors: Drs. Hanawalt, Picard, Bell, Mendenhall and Buck.

Drs. C. W. Adams, J. H. Thompson, J. N. Elsont and C. C. Tyree were admitted as honorary members.

Drs. A. C. McNay, L. Y. Grubs, W. S. Day, Wm. J. Flocken, O. Pierson, C. C. Green, H. Munn, Geo. Ruichabenger, L. R. Wright and J. L. Porter were admitted as members.

Dr. Tyler nominated for honorary members, Drs. John W. Elston, Chas. W. Adams, J. H. Thompson and N. C. Tyree, of Kansas City.

Resolutions urging congressional action continuing the army, medical and surgical library and records, and the surgical museum, at Washington, under their present direction, and an appropriation for the erection of a suitable fire-proof building for their preservation, were adopted.

Some discussion was had as to the desirability of fixing the annual meeting at a different date from that of the Missouri society, in order to permit an interchange of delegates. As a result, Dr. Fryer was appointed a committee to confer with the Missouri society, now in session at Jefferson City, on the subject.

Dr. Cochrane, Treasurer, reported \$387.21 on hand.

Drs. Hepler, Mottram and Schencks were appointed an auditing committee.

The Secretary read his report, and, on motion, was allowed a salary of \$50 per annum.

Dr. Schencks read a report on Practical Medicine.

Adjourned until 7:30 p. m.

EVENING SESSION.

The following names were reported on favorably by the Board of Censors and elected to regular membership: Drs. W. H. Mathis, Wittemsburg; N. N. King, Abilene; S. W. Day, McPherson; W. J. Flockin, Halstead! J. L. Porter, Paola; L. Y. Grubbs, Topeka; Dr. Shaw, Osage City; L. R.

White Scandia, A. Pearson, Topeka; O. C. McNary, Ft. Leavenworth; C. C. Green, Winfield; G. Knickberger, Udall; L. H. Munn, Topeka.

Dr. Halderman then delivered his annual address on the "Relation of the Physician to the Public and his Duties Thereto."

The address was referred to the Committee on Publication, with the request that a reprint be sent to every paper in the state.

Dr. J. A Lane delivered the annual address. Subject: "Marriage and Divorce."

[We regret very much having to ask our readers to bear with us another month for the remaining part of the proceedings, for just as we get this far, to our dismay we find that our manuscript for the succeeding day is misplaced by some evil hand, but will finish the report next month.]—Ed-

PROCEEDINGS

Of the Missouri State Medical Society at its 26th Annual Session held at Jefferson City, Mo., May 15, 1883.

The Association was called to order by Dr. Gore, of Paris, President. The address of welcome was delivered by the Governor, who, among other pleasant things said, declared himself in favor of the new code. To which the President in his reply took prompt objection, when it was discovered that the Governor only wished to stir the doctors up a little, and he was probably satisfied with his success.

The morning of the second day was opened by Dr. Lester with a report on Practical Medicines, and three subjects were considered. First, *Bacillus Tubercularis*.

Dr. Lester believes in the specific influence of microscopic organisms, but also holds that other conditions are necessary to give activity to those organisms in the production of consumption, namely, inherited feebleness or acquired predisposition or the retention in the air cells of the products of inflammation.

In these times when we read and hear so much about bacillus of various kinds, it is comforting to know that if we don't suffer from these predispositions we are in no more danger than we were formerly, before Koch's discovery.

The treatment of the pyrexia of fevers was considered next. The cold bath and large doses of quinine were considered of doubtful efficacy, while the application of water and alcoholics were considered destitute of danger.

The treatment of rheumatism by the salicylates, salicin and alkalines was next considered. The relater came to the conclusion that by the salicylicates the fever and pains sooner subsides, but relapses are more frequent, and that but little time is gained in the duration of an attack over the alkaline treatment. But little difference was noted in the liability to cardiac complications.

During the afternoon the President delivered his annual address, largely retrospective in character and too lengthy for publication.

A number of other papers were read, all of them of more or less interest. Among them we may mention one by Dr. Trader, of Sedalia, on Elastic Ligatures; Spontaneous Evolutions, by Dr. E. J. Worth, and by Dr. B. F. Wilson, on Bactaria.

Dr. Norris, in his report on Medical Education, deplored the increase of medical colleges and the low standard required in many of them to secure a diploma.

On the third day Dr. Allen, of Liberty, read a paper on the effects of alcohol on the human system.

The following officers were elected: President, Dr. E. H. Gregory, St. Louis; Vice-Presidents, Dr. Williams, of Morgan county, J. D. Griffith, of Jackson county, J. H. Duncan, of Boone county, T. J. Norris, of Macon county, and C. H. Hughes, of St. Louis; Secretaries, Drs. D. V. Wale, A. H. Ohman Dumesnil, St. Louis; Treasurer, C. A. Thompson, Kansas City.

Sedalia was selected as the next place of meeting, and after some further reports the association adjourned.

The association seems to be in a flourishing condition.

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Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., Fort Scott, Kansas, W. C. BOTELER, M. D., St Joseph, Missouri, Editors.

JNO. R. CHEANEY, Bus. Editor.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department.

ELECTROLYSIS IN THE TREATMENT OF ORGAN-IC URETHRAL STRICTURES.

Dr. J. H. Glass, in the Medical Record of May 12th, reports nine cases treated by this method with very gratifying results. In his preliminary remarks, Dr. Glass calls attention to the two contradictory reports. The one Dr. E. L. Keys reports his utter failure in all cases (10) in which the method was tried, while the other, Dr. Newman reports uniformly satisfactory results. This contradiction is surprising, especially coming as it does from two such well known authorities, and it may perhaps be explained by a statement Dr. Glass makes with reference to his cases; namely, "that with one exception they were all of large calibre and uncomplicated." It is a well known fact that in all strictures there is an irritable condition of the urethral tract, which must be overcome, and usually is, through the regular periodical introduction of steel sounds. As the irritability diminishes the spasmodic features subside a urethra will readily admit a No. 15 which resisted all efforts at first to introduce a No. 8. The soothing ap-

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plication of an electrical current perhaps accomplishes more at one sitting than we could hope to accomplish in a two weeks' course by gradual dilatation. Beyond the instant relief of the irritability and benumbing effect of the electrical current, our hope of permanent improvement will perhaps still rest on gradual dilatation by sounds whether charged by electricity or not. Taking this view of the matter will perhaps explain why Dr. Keys' success was so unsatisfactory, while Drs. Newman's and Glass' was all that could be desired.

PROF. A. FLINT, SR.

The selection of this distinguished teacher and physician as President of the American Medical Association will find its echo of "well done" in the hearts of thousands upon thousands of American physicians, as well as to command the respect and approbation of all such foreign physicians as enjoy his personal acquaintance, or are familiar with his writings.

What the profession really owe to Dr. Flint is perhaps not fully realized by any of us. Suffice it to say that he has perhaps done more than any other living physician on this side of the Atlantic, at least to promote the study of the natural history of diseases, and as a mark of distinction the mantle of the office could not well have fallen upon worthier shoulders.

The selection has another but lesser significance, namely, an endorsement of the code of ethics and a rebuke to those who under a pretext of a revision are trying to make quackery respectable. If the association had done nothing else during the recent session, we should still be induced to say, "well dene."

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

We believe it is a universal opinion among such as are familiar with medical, journalism that the effort about to be made to publish a weekly journal under the auspices and control of the American Medical Association will be a failure. We repeat this, as a largely prevailing opinion. Yet, if the venture is to be made, it must be admitted that the association has certainly done the very best it possibly could do in selecting the father of the association, Dr. N. S. Davis, for its editor-in-chief. We question whether another man could have been chosen who so unquestionably possesses the necessary qualifications for the work. Under his management success will be assured, if possible.

PROGRESS IN MEDICINE.

A QUARTERLY REPORT ON SURGERY.

In a paper on compound articular fractures (N. Y. Medical Journal) Dr. Lewis Stimson relates two cases treated by cleansing the wound, removing all loose particles of bone, inserting a drainage tube, closing the wound, and applying a simple gauze dressing. Both did well. The first was of a dislocation of both bones of the forearm backward, and a piece of the internal condyle broken off. Notwithstanding this serious injury the case did well, flexion and extension were normally regained while rotation was lost.

A double irrigation and drainage tube is described by Dr. H. O. Marcy in the New York Medical Journal, made of rubber. Messrs. Treimen & Co. make them with a velvet eye similar to their velvet eye catheter. They are so arranged that either tube can be lengthened at will by attaching rubber tubing. Its use will readily suggest itself.

Local Anæsthesia.—Dr. Felton in the Medical Summary describes a method of producing local anæsthesia for opening boils, abscesses, etc., by applying carbolic acid; after a moment's delay cut the skin; then apply a little more carbolic acid to the wound, and cutting again, etc., until the sac is reached.

Hydrocele Cured by Injection by Hyperdermic Syringe.— Dr. McIntosh in the Atlanta Register reports two cases; in the first one he injected 30 drops of tincture of iodine, and in the second 20 drops of pure carbolic acid, without drawing off the liquid in either case. Both were promptly cured without much reaction.

Ether Spray in Facial Neuralgia:—Dr. Curtledge, Medical Herald, gives the following method. After protecting the eye with oiled silk or cloth, he directs a spray of ether upon the affected part until its temperature is down to the freezing point of water, or for about 8 minutes. The application is generally grateful to the patient and has given permanent relief in six to ten cases and mitigated the pain in four others.

Lumbar colotomy was recently performed successfully by Dr. Fowler, *Medical Record*, in an infant two months old, an act of congenital, absence of anus, the feeces having been previously discharged through a recto-vaginal fistula.

Probably no remedy ever given to the profession has received such universal approbation as Lactopeptine. But like all remedies of true merit it has been largely counterfeited. We are in receipt of a sample package from the New York Pharmacal Association, which we have just tested and find superior to any we have used for some time, and have no hesitancy in saying to the profession that in using their Lactopeptine they will always find the results satisfactory.

Selections Miscellany and Notes.

OUR DRINKING WATER.

Dr. N. B. Sizer (Proceedings County of Kings, March, 1883,) formulates our present scientific knowledge of water thus:

- 1. No water unfit for washing in is fit to drink.
- 2. All soft water possessing a visible color, taste or odor, is probably unsafe, but can be made potable by bringing it up to 100° C. (212° F.) and keeping it there for five minutes.
- 3. Rain water is the easiest accessible source of soft water; when caught in a proper eistern from a clean roof, especially during the last half of a long rain, when both air and roof have been washed clean, it makes a very clear and sparkling water, and is always better after filtering through charcoal, being then healthful.
- 4. Hard waters are apt to act as a cathartic on those used to pure water, because they are generally dilute solutions, such as we use for that purpose medicinally.
- 5. Organic impurity is often the source of very fatal epidemics, and is by many believed to be one of the great sources of contagion in typhoid fever and cholera.

Remember that three-tenth grains of organic matter per gallon (1-2000 of one per cent.) has been known to do harm.

A tolerably accurate test, and useful if organic matter is suspected, is as follows.

Sol. A.—Take 500 c. c. of the water, add two or three drops sulphuric acid.

Sol. B.—Prepare a solution of permanganate of potassium of the strength of thirty-two centigrams per litre (2½ grains in one pint) of distilled water. Thoroughly mix three drops of Sol. B. in Sol. A. and note time. If Sol. A. is bleached in less than ten minutes, organic matter is probably present in sufficient quantity to do harm.—Detroit Lancet.

POISONING BY MALE FERN.

A death is reported from Columbo, Ceylon, where a gentleman was prescribed three-quarters of an ounce of etherreal extract of male fern and a drachm and a half of Pulv. Kamalæ, for the cure of tape worm, and the dose was repeated in four hours. The patient sank, with symptoms resembling those of choleraic diarrhœa. The necropsy revealed congestion of the stomach, with ecchymoses beneath the mucous membrane, and small clots of blood upon the mucous surface of that organ. There were similar patches in both the small and large intestines. Indeed, there was clear evidence of the administration of an irritant poison. The prescription is said to have been one copied by the medical attendant of the deceased gentleman from a work of repute, where the quantity of extract of male fern is apparently a misprint.—Brit. Med. Jour.

FATAL PERITONITIS FROM AMALGAM FILLING.

Mr. William J. Thulman, a druggist of Buffalo, recently came to his death from a singular cause. While eating his dinner a large amalgam filling in one of his teeth became detached, and was swallowed. He immediately expresed his apprehension of trouble from it, but felt no special inconvenience for some days, when he began to experience pain in the abdominal region. The symptoms became aggravated, peritonitis ensued, and he finally died, after much suffering. An autopsy was held by prominent physicians, when it was found that the irregularly shaped mass had lodged in one of the lower folds of the ileum, and had produced an ulcer which had eaten its way through the intestines and finally caused his death.—Indp't Pract.

THE CYCLONE.

The short editorials in the present issue have been hastily written since the late great cyclone struck Kansas City. Our residence being located directly in the track of the

storm was completely demolished. But thanks to our good angel, with no loss of life.—New Medical Era and Sanitarium, Kansas City.

[The above explains itself. Our brother has our sympathy in his misfortune.—Ed.]

SURGICAL INSTRUMENTS.

We beg leave to call the attention of our readers to the fact that we are prepared to furnish all surgical instruments at card rates. The business manager, Dr. Cheaney, has sole charge of this portion of our business, and in his rounds through the state will call upon all with a fine lot of nice samples, and our neighbors will save money by holding an order for him.

LIGATION of the imnominate by Mr. Mitchell Banks was done February 28th at the Liverpool Infirmary (London Lancet) for aneurism of the second portion of the subclavian. The common carotid was also tied. Mr. Girdlestone's kangaroo tendons were used, with strict antiseptic precautions. The patient has improved rapidly, and has left the infirmary with his aneurism much better. This is the twenty-third case in which the innominate has been ligated; twenty-one proved fatal.—Louisville Medical News.

The Mo. Dental Journal, formerly published in St. Louis, has passed into the hands of J. L. Brewster, Jr., of Kansas City, and will hereafter be published in the latter city, with our old time friend, Dr. R. I. Pearson, as managing editor, and J. D. Patterson and C. L. Hungerford as associate editors. The new venture has our best wishes for success.

Wellsville Transcript.—From a recent copy of this paper we notice that an early friend of the Index, Dr. Geo. W. Skinner, of Wellsville, has editorial charge of the Transcript. We wish him success in his new field of usefulness.

Book Reviews.

The Practitioner's Ready Reference Book. A Handy Guide in Offices and Bedside Practice. By Richard J. Dnnglison, A. M., M. D. Third Edition. Thoroughly Revised and enlarged. Philadelphia. P. Blakiston, Son & Co. 1883.

A hasty glance through the book convinces us that it contains a host of valuable and useful information. Much of it, it must be admitted, should be familiar to every practicing physician, yet there are many who will find it handy to turn to when confronted by a knotty problem. For a hasty solution among its contents we find a pharmacopæial group from the Pharmacopia of 1880—simplified for such reference—A Table of Differential Diagnoses—Suggestions for Nursing the Sick—How to Make an Autopsy—particularly full and well written. The publishers have done their work well.

A doctor is a *piller* of society. His enemies say that he can kill with *powder* without shot, and that his *drops* are almost as dangerous as the hangman's.—*Medical and Surgical Reporter*.

Alcohol in Typhoid Fever.—Professor Gemain See, of Paris, France, in concluding a lecture on the treatment of typhoid fever, speaks of alcohol as follows:

"Alcohol acts in a similar manner to quinine and may be given concurrently with the latter through the entire duration of the malady. Far from being a calorifacient agent, as has been pretended, increasing thermogenesis, it becomes a valuable means of restraining waste, for it moderates the

organic combustions, and lessens denutrition. Like quinine, it reduces the temperature of the body, as all experiments on men and animals, sick or well, demonstrates. It is then, like quinine, a sub oxidizing medicament; it diminishes the proportion of carbonic acid exhaled and of urea excreted; It economizes substances introduced into the organism: it lessens dissimilation. It moreover supports the strength stimulates the nervous functions, and is, from every point of view, the congener and rival of quinine, It is, however, of most signal use when administered along with quinine, which maintains especially the contractile energy of the The doses of alcohol ought to be considerably larger than those ordinarily given, if one would obtain a refrigerent effect, but as it is impossible to exceed a certain dose without injury, it is well always to aid its action by suitable doses of quinine. This mixed treatment, in my judgment constitutes the very best means of preservation of the vital forces during this protracted, tedious disease."

Poisoning by Salicylate of Soda.—In the British Medical Journal, May 5, 1883, Dr. Frank Ogston reports the case of a man who took fifteen grains of the salicylate of soda for rheumatism. One hour and a half afterward he fell asleep, and shortly afterwards became comatose, with contracted pupils; respiration 12, pulse 45, and temperature 98.5. He continued in this condition for sixteen hours. The remaining powders, upon examination, when he died. were found to contain nothing but the silicylate of soda. Upon post mortem no organic lesions of sufficient gravity to account for death could be found, so that Dr. Ogston concluded that death was due to the silicylate This opinion was doubted by many who heard the report of the case, but no one was able to absolutely disprove it. Such poisonous properties are not usually attributed to this drug, and it would be interesting to know more about the influence of idiosyncrasy in this regard.—Medical and Surgical Reporter. Digitized by Google

The "intelligent compositor" is the editor's bete noir. He is poison-drop in the sanctum's purest cup, the thorn mid the perennial roses with which the path editorial is spread, the kerosene in the editor's maple syrup, the worm-wood in his wine. When constantly watched he is not dangerous. but the moment you take off him your eagle eye, he makes you wish your existence had been squelched even in the primordial germ. Illustrations or his fiendish propensity are innumerable. His latest exploit was to make a writer in the St. Louis Medical and Surgical Journal, who wrote of a patient who had "a foreign body under the lid," appear as saving that the patient had called on him to remove "a frozen body under the bed." And yet such fiends are permitted to live! Truly the ways of Providence are inscrutable. Brother Rumbold, we know how to sympathize with you. And the half is not yet told.

A druggist on Broadway, New York, has had calls for "Brainerine," the wonderful compound announced as shortly to be placed on the market by the "19th Century Therapeutical Co." One prescriber wishes it in combination with "Sell-erine," but the druggist is at a loss to know whether a famous proprietary nerve tonic or a recently announced cure for the opium habit, is intended. He thinks, however, that either of these, if placed under the anspices of a wound up drummer, would "sell" quite successfully.—Medical Age.

The Medical Record tells of a religious weekly, the editor of which exercises such scrutiny over the advertising columns as to enable him to guarantee that each article advertised is worthy of a trial. Such scrutiny is very commendable and we commend the example to our medical editors. The advertisement of a sure cure for gonorrhæa in four days, in the religious weekly referred to, has, however, placed its excellent editor in an equivocal light.

The recent session of the American Medical Association was quite largely attended. A full report will appear in our next issue

The next session of the Southeast Kansas District Medical Society will be held at Galena, Cherokee county, June 28th. As the trains from the north will not arrive until 5 p. m., the first session will be held at 7 p. m.

Isolation.—The proper time to isolate school children who have been suffering from contagious diseases is stated by a French authority to be, in small-pox, measles, scarlatina and diptheria, 50 days; variolla and mumps 25 days.

We call the attention of our readers to the advertisement of W. R. Church's Road Cart, which, as one can see at a glance, is far superior to any cart ever introduced in the west. We have no hesitancy in commending it to the profession.

Fine Silk.—We are under obligations to Wm. Snowden for a sample of his fine surgeon silk. It is iron dyed, and comes in numbers 1—12, for eye plastic and the finer operations, while 13—14 is for ligating tumors. It is the smoothest and most even silk that ever came to our notice.

Dr. Da Costa is credited with the following: "If one has not too much to do he writes a short paper on phthisis; if one has little to do he writes a long paper on phthisis; if one has nothing to do he writes a book on phthisis." "Gynecologists, as a rule, part their hair and their names in the middle, and never die until they have invented pessaries and speculums innumerable."—Med. Age.

Treatment of Epilepsy.—At the St. Anne Asylum, under the care of Dr. Ball, the alkaline bromides are generally used, especially the ammonium salt. The following formula is given:

R. Ammonii bromidi, Sodii bromidi, aa 3iiss. Aquae, 3iij.—M.

A dessert spoonful to be taken in a cup of a weak infusion of valerian. Ot the above four doses a day are used at the beginning, gradually increasing to eight or ten if necessary. In obstinate cases the following pill may be given morning and evening:

Ry Ext. belladonnae, Zinci oxidi, aa gr xv.

M. et in pil. no. 40 divid.

Purgatives may also be needed, either as revulsives or to remove irritating substances, worms, etc., from the alimentary canal. Dr. Ball orders the following:

R. Aloes socotrin., gr. xv.
Resinae scammonii,
Resinae jalapae,
Hydrarg. chlorid. mitis, aa gr. viii.
Saponis (amygdalin.), q. s.

M. Ft. pil. no. 24. Of these, three are to be taken night and morning, once a week.

The bromides of ammonium and sodium are preferred, they being well suited for this purpose by the great facility with which they are tolerated, even in large doses, by their prompt and sustained effect, by the absence of all phenomena of depression, and, finally, by the services which they are able to render in the cases where the bromide of potassium is without effect.—Revue de Therapeutique.

A Case of Obscure Fatal Nervous Disease.—A woman aged 55, who had never given her health a thought, for it had always been excellent, but who had a great deal of trouble, finally broke down with symptoms of partial par-

alysis of motion in the tongue, palate, portions of the face, the muscles of the back of the neck, and left shoulder.

At the end of six month's rest these symptoms disappeared almost entirely, but returned more rapidly than they went; and two months later, about seventeen months after the first appearance of paralysis, death ensued during sleep.

- Dr. F. C. Shattuck, who reports the case in the Boston M. and S. Jour., May 17, 1883, asks:
- 1. Was the original diagnosis of functional and recoverable disorder, made by me and confirmed by Dr. Webber, correct?
- 2. If it was correct how are we to explain the fatal result without the advent of any new symptoms, but simply under an aggravated return of the old?
- 3. If it was not correct, what was the nature of the disease? Dan it have been an anomalous case of glosso-labiolaryngeal, or bulbar paralysis?

Carbolic Acid in Toothache.—A writer in the Medical News, (Phil.) speaks very highly of this treatment. He gives the following directions:

1st. Clean out and dry, by means of absorbent cotton, the cavity of the tooth.

2d. Apply the acid thoroughly in the following manner: Take a piece of wood, according to the size of the cavity (a toothpick or a match will do) and dip the end into carbolic acid—full strength; should the hole be very large, a very small piece of cotton may be twisted around the end of the piece of wood. Care is required not to touch the surrounding tissues. It is scarcely needful to add that the acid crystals only need to be warmed to render them soluble.

The foregoing applies especially to odontalgia cariosa, and to odontitis; but it will prove serviceable where the fangs of the tooth are affected, especially if they are accessibly exposed.—Columbus Med. Journal, March, 1883.

Inodorous Iodoform.—Dr. Q. C. Smith presents the following to the profession as an inodorous iodoform:

Ry Pulverized iodoformi, 3 ij. Acidi Tannici, 3 j ss. Balsam Peru. Ol. Sassafratis. Ol. Rosæ.

Ol. Camphoræ, aa mij.

Mix.

The following is an excellent solution of morphia for hypordermic use:

Ry Morphia sulph., grs. xvj.
Atropia sulph, grs \frac{1}{3}
Carbolic acid 95 per cent. gtts j.
Aqua dest. 2s ad. \frac{5}{3} j.

Mix and filter.

Ten drops of the above solution represents $\frac{1}{3}$ of a grain of morphia.

Salicylic Hair Tonic.—

Ry Borate of soda, 3×10^{-5} Salicylic acid, 3×10^{-5} Tr. Cantharides, 3×10^{-5} Pay rum, 3×10^{-5} and O iv s

Aqua boiling 25, ad. O iv ss.

Dissolve the acid and the borax in the boiling water, mix the bay rum and rose water with the solution then add the rest and filter. The above is highly recommended in dandruff, itching of scalp and falling out of hair.—Druggist Circular.

Treatment of Chordee.—The following prescription has very often been effectual in the hands of M. Mauriac, in the Hospital des Veneriens:

Syr. digitalis (fr. cod.)

Syr. morphiæ (fr. cod.) an 3 iss.

Kalii bromid. 5 v.

Tablespoonful every evening at bed time.

Or a suppository as follows:

Chloral hydrat., gr xx. Ol. theobromæ, q. s. m.

For one suppository.

Or the following injection, recommended by Cambillard:

Kalii bromid., 3 iss. Tr. opii, 3 ss.

Glycerinæ, 3 ss. Aq. distill., 3 v. M.

S. 4 injections daily.—Med. and Surgical Reporter.

Salicin in Rheumatism.—Salicin is the natural production of the willow root, while salicylic acid is the artificial phenolderivative Dr. Quinlan says that while the latter will sometimes sicken, even in moderate doses, almost any quantity of the former can be given, and in the Lancet, May 5, 1883, he records two cases of acute rheumatism rapidly cured by its use. He advises it in large and frequently repeated doses. One of his cases took eighty grains at a dose, daily, for three days, without any bad effect. icin in very large doses is most easily taken by stirring it into a hock glass of milk, which the patient rapidly swallows before it has time to settle down from its suspension. It may also be taken in wafer paper, or even in water, but in this case the bitter flavor is felt. It should always be taken on an empty stomach; after food it often occasions nausea and tinnitus. Its value in acute rheumatism cannot be over-estimated, and should the physician get hold of the case early he will likely be able to conquer it before there is time for cardiac complication, so apt to leave enduring mischief behind it. Finally, when the rheumatic sufferer convalesces, the salicin should not be dropped too suddenly. For a week it should be given in full doses morning and evening, and for a fortnight once daily; otherwise a relapse may supervene. A notable feature in the salicin treatment is its tonic effect in promoting a steady and rapid recovery of strength and vigor during convalesence.

It is very cheap, selling in England at retail for less than Digitized by GOOSIC

twenty-five cents per ounce.

THE

Kansas Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4.

FORT SCOTT, KANSAS, JULY, 1883.

No. 7.

Original Communications.

THE TREATMENT AND CURABILITY OF CHRONIC UTERINE CATARRH.

Dr. Paul F. Munde. Professor Gynecology at the New York Polyclinic; Gynecologist to Mount Sinai Hospital, writes in the New York *Medical Record* of July 23d, on the above subject, as follows:

The extreme prevalence and the vital importance of chronic catarrhal inflammation of the uterine cavity, as regards the possibility of conception, as well as the acknowledged difficulty experienced in curing the disease, leads me to offer a few remarks on this subject. I am not aware of having anything particularly new to offer; my object is chiefly to insist on perseverance and on the adoption of thorough measures as absolutely indispensible to success. The causation, pathology, and special symptoms of uterine catarrh do not come within the scope of this paper. The opinion has hitherto largely prevailed, both among specialists and general practitioners, that a really chronic endometritis or endocervicitis (I still use the latter familiar although hybrid term) is practically incurable. This opinion is based partly on the dictum of men of such eminence as Thomas

and Sims, and partly on the experience of numerous physicians who have vainly endeavored to cure that disease by the usual routine of applications, and in a measure also, I presume, on the well-known obstinacy of all catarrhal affections of mucuous membranes throughout the human body.

Thomas, in his last edition, says of chronic cervical endometritis, that "Even in the mildest case, which has lasted for some time, from four to six months will probably elapse before perfect cure can be accomplished, and after this a relapse will be very likely to occur, unless preventative measures be adopted and strictly adhered to. . . . If a large amount of thick resisting mucus hangs from the cervical canal, the prognosis, according to my experience, is very doubtful, and sometimes hopeless, unless very radical measures be adopted."

Of chronic corporeal endometritis he says: "The prognosis. . . . is always grave with reference to cure. . . . If it have continued for a number of years it will often prove incurable." And he quotes approvingly the following sentence from Scanzoni: "As for ourselves, we do not remember a single case where we have been able to cure an abundant uterine leucorrhœa of several years' standing."

In opening the discussion on a paper on Intra-uterine Medications, by the late Dr. James P. White, before the American Gynecological Society, in Baltimore, in 1879, Dr. J. Marion Sims remarked that he thought "only a few men can say that they have cured half a dozen of these cases (uterine catarrh with thick albuminous mucus). I am sure that during the first thirty years of my practice I was not able to boast of more than two or three."

Schroeder, of Berlin, has gone so far, in his efforts to cure this intractable disease, as to practice the complete removal by the knife of the diseased cervical mucous lining and its replacement by vaginal mucous membrane, thereby removing entirely the mucus-secreting power of the cervical cavity.

I could multiply these experiences indefinitely by quoting from all recent authors on gynecological diseases; but I presume it is unnecessary to add further evidence of the intractability of the disease under discussion.

Before proceeding to speak of the treatment and its results, I wish to say a word as to the significance of the disease and the physical conditions under which it occurs.

Significance..—Whether there be a chronic corporeal or a chronic cervical endometritis, the result as regards conception is usually the same. That desirable event rarely takes place. A thick, glairy, purulent plug of mucus filling and occluding the cervical canal usually effectually bars the cavity proper of the uterus to the spermatozoa. The ingenious hypothesis of Kricteller, of Berlin, that this tenacious cervical plug served as a ladder on which the spermatozoa could climb into the uterus is not borne out by experience.

If the cervical canal is comparatively healthy (and this is rarely the case when its mucous lining has been long exposed to the contaminating influence of the secretions from the cavity above), the presence of a purulent, acrid secretion in the uterine cavity is not favorable to the vitality of the spermatozoa, and, granting that conception actually takes place, it was rendered possible by the accidental discharge of the cervical plug shortly before coition (possibly by injection, for instance) or by recent treatment. Thus I have known a sterile woman to conceive within twenty-four hours after the removal of the uterine secretions with a cotton-wrapped applicator, no medicated application having been made.

Although sterility is the chief symptom of chronic endometritis, the constant discharge, the subacute vaginitis and vulvitis, frequently entailed by direct contact with the uterine secretions, the menorrhagia not uncommonly produced by the uterine hyperæmia, and the ultimate general anæmia and neurasthenia, are even more distressing and annoying. While acute pain is usually not experienced, many women complain of a sensation of weight, fullness, heat, or burning

in the suprapubic and sacral regions, and of bearing-down during walking or standing. One of my patients, a well-known pianist, was unable to continue her daily practicing of four to six hours on account of the uncomfortable weight in her pelvic region, after sitting some time on a piano stool, and her sole disease was a profuse chronic cervical catarrh. Another, a young unmarried lady, was nervous, "run down," unable to walk or stand about long, with constant dragging sensations in her pelvis, all produced by the same disease.

That a chronic endometritis will, in course of time, bring about and maintain a chronic hyperæmia of the ovaries, with the distressing symptoms peculiar to that affection, is well known to all gynecologists.

From what I have already said it is evident that the significance of this disease varies accordingly as it occurs in a virgin, a married nullipara, or a woman who has borne children. In a virgin the symptoms are those produced by the discharge (annoyance, soreness, pruritus), and by the utero-pelvic hyperæmia. The question of sterility merely looms up for future consideration. Only impending marriage or great distress from the disease should in such cases, as a rule, call for very active radical treatment.

In the married nullipara, however, the sterility will probably be the leading indication for treatment, which should not only look to curing the catarrh, but also to removing any other possible obstacle to conception which may chance to exist (narrow external or internal os, displacement, ffexion, ovaritis).

In the parous woman, finally, the question of sterility may or may not preponderate. Indeed, as in such women the cervical catarrh is very often (perhaps usually) due to a gaping of the external os and exposure of the cervical canal produced by laceration of that part during parturition, and the corporeal catarrh frequently accompanies subinvolution, the sterility may be only temporary and may, perhaps, be voluntary. Certain it is, that a thick sanio purulent mucous plug occluding the cervical canal is quite as sure to entail

sterility (at least so long as that plug is not removed) in a parous woman with torn and gaping cervix as in a nullipara. Of course the mucus is more easily dislodged, as by syringing, and sterility is therefore by no means absolute in such cases.

In parous women the enlarged glands and hyperplastic mucous membrane of the cervical canal are frequently exposed by the laceration of the cervix; the so-called octropion of the endocervical mucosa is present. The diagnosis is therefore an easy one, for the cervical mucus clings to the examining finger, and the eye easily recognizes the condi-But in a nulliparous married woman it may, at times, be difficult to understand the reason for their sterility, since the finger merely feels a not unusually small external orifice, with rather pulpy borders, and carries none but vaginal mucous with it when it is withdrawn. Here the sound may clear up the case, for on withdrawing it and the guiding finger the familiar thick cervical mucus accompanies it, and on exposing the cervix with the speculum a plug of this same mucous is seen issuing from and clinging to the os, whence it is with difficulty wiped away. The narrow external os, usually found in such cases, entails a retention of the normal cervical discharge; this retention gradually produces a dilatation of the cervical canal, and the accompanying irritation causes hypersecretion, until the cervix assumes a bulbous shape, and its cavity is filled with thick, viscid, When the external os is dilated by the discolored fluid. passage of the sound, and the cervix is compressed by the examining finger, the mucus gushes out in a thick stream. The sound easily detects the presence of a large cavity within the narrow external os. This condition is not at all unfrequent, and is as unfailing a cause of sterility as it is curable by prompt and proper treatment.

While the diagnosis of this disease is easy, and its pernicious influence on the fertility of the female sex is obvious, the question of its successful treatment is by no means so easy of solution. It is to this subject that I particularly

wish to invite attention, for cases of this kind occur to the general practitioner probably quite as often as to the gynecologist. I do not propose to discuss all the methods of treatment which have been and may be employed for several years, and which I have found to answer fairly well in a majority of my cases.

I may as well begin by saying that it is utterly useless to expect to cure a chronic uterine catarrn by such mild remedies as the plain or even compound tincture of iodine, the solution of nitrate of silver, even one drachm to one ounce, or pure carbolic acid. You will certainly fail in chronic corporeal endometritis, and in the cervical variety you will surely increase the discharge. I have faithfully tried these milder remedies, and have never seen the slightest benefit in the cervical, and but temporary relief in the corporeal variety.

If the patient is a virgin or a nulliparous married woman, it will generally be found necessary, after thoroughly exposing the cervix (in the virgin usually at the expense of the hymen), to enlarge the external os. This is essential for two reasons: first, to give free vent to the accumulated endocervical mucus; and second, to allow the ready application of the remedies. This little operation is best done in the following manner:

The cervix being exposed through a Sims (or after a fashion through a larger cylindrical or bivalve) speculum, a Sims uterine knife, or simple bistoury, or straight scissors, is passed about one-fourth of an inch into the cervical canal, and the anterior lip is divided by one quick stroke, the instrument is then turned against the posterior lip and this also is incised, and the same is done with each lateral lip. Four incisions have thus been made, each about one-fourth of an inch deep, completely dividing vaginal and endocervical mucous membrane, and making the external os nearly or quite as large as the calibre of the cervical cavity. In order to insure this opening against speedy closure, it is imperative that the four flaps of mucous membrane formed by this cer-

vical incision be removed. If this is not done, even frequent sounding and forcible dilatation will not prevent the flaps from reunit ng, and in a few weeks the external os is as narrow as ever. I have invariably met with this result when I left the flaps in situ, and hence have adopted the plan of seizing each flap with a fine tenaculum and trimming it off with curved scissors, so as to have a funnel-shaped external os. The raw surfaces of this slight wound soon cicatrize over, and the os retains its funnel shape.

It is not necessary to perform this operation in every nullipara; indeed, in many the discharge has rendered the os patulous, the examining finger easily enters it, and its lips are pulpy and eroded.

I have found the same condition in virgins and married nulliparæ.

After the os has been enlarged, the next step is to destroy, as thoroughly as possible, the cervical glands which furnish the annoying mucous secretion. To do this effectively, once and for all, take a sharp curette, with cutting edge (Sims's or Simon's), and scrape the whole cervical canal up to the internal os until the creaking sound tells you that the subglandular base has been reached. Do not be afraid to do this thoroughly, since no harm can be done, and unless the glands are entirely destroyed, their secreting power is liable to survive. When the whole canal feels smooth, apply, on a cotton-wrapped applicator, or, what is better, a wooden or glass rod, pure nitric acid, being careful to protect the external surface of the cervix and the vagina by packing cotton This application must be so thorough as to underneath. give the cervical canal a charred, yellowish-black appearance, with not even a drop of blood issuing from it. order to effectually protect the cervix from the acid, I frequently use the cylindrical speculum after curetting. Any excess of acid should be mopped up with cotton, and several tampons covered with vaseline placed against the cervix.

In some instances I have merely applied the iodized phenol (equal parts), or saturated solution of chromic acid. But I

prefer the nitric, as more efficient and scarcely more painful. If the patient is a multipara, it is rarely necessary to enlarge the external os; indeed, it is generally lacerated, and more or less gaping. And sprouting from the surface of the everted lips will be found more or less numerous fungoid granulations, which are partly enlarged papillæ, and partly distended follicles. These must be removed in order to cure the hypersecretion, and to put the cervix in proper condition for the plastic operation of Emmet. The sharp curette is here also an excellent instrument, although the curved scissors are often more rapid and efficient in removing large and tough vegetations.

It is these same papillomatous growths which to the comparatively uneducated touch feel like epithelioma, and give rise to mistaken diagnoses and unfavorable prognoses. A mere clip of the scissors removes them, and leaves a clean, smooth, although raw, surface, which needs only to be attached to its opposite fellow by suture to effect a cure.

After removing these granulations, the surface should be painted with tr. iodine, or sol. arg. nit. (3j. to 3j.), or iod. phenol; or, if the production of a superficial slough appears desirable, nitric acid should be applied, and an emollient tampon inserted.

A very common condition is that of cystic hyperplasia, the everted surfaces being dotted with numerous small translucent, more or less prominent, spots, which are simply occluded cervical glands (Nabothian follicles). Every one of these must be punctured with a bistoury or scarificator, and its cavity obliterated by thorough swabbing with tr. iodine, or it will be a constant source of mucous secretion, and its presence will interfere with union if trachelorrhaphy is performed.

The operation of crucial incision of the external os, followed by the sharp curette and nitric acid to the cervical cavity, had better be performed at the residence of the patient, and the latter kept quietly in bed for a day or two at least. It is not that it is attended by special danger; indeed,

I have performed it many times in my office or the dispensary, and seen no bad effects from it. But within the past two years I have met with three instances of unfavorable reaction to this treatment, which has induced me to observe the precautions usually advisable in all operative procedures Two patients upon whom I practiced this about the uterus. method at my office during the winter, disregarded my positive directions to go home at once and remain quiet during the remainder of that day, but went down town shopping. It was a cold, damp day, and, as a result, within a few days I was called and found severe pelvic cellulitis, which confined them to their beds for several weeks. During the past winter I scraped away some fungoid granulations from the external os of a patient at Mt. Sinai Hospital, and applied pure nitric acid, she was at once put to bed, but a furious cellulitis ensued which kept her in the hospital several months. These are the only cases, out of several hundred treated in a similar manner, which have been followed by the slightest unpleasant consequences. I have also curetted the cavity of the uterus proper many, doubtless several hundred, times, and in perhaps twenty cases have swabbed it out with pure nitric acid; in only one instance did a cellulitis follow. am inclined from this experience to look upon the cervical canal as rather more susceptible to inflammatory reaction from this operation than the uterine cavity, especially when a severe caustic, like nitric acid, is applied; and I believe this greater liability to be due to the intimate relation of the cervix to the lymphatics which abound in the paracervical cellular tissue. While applications above the internal os are more liable to produce shock and peritonitis, those to the cervix more frequently followed by inflammation of the pelvic cellular tissue.

In spite of this danger, the severe measure (sharp curette and nitric acid) is by far the most advisable, because it is the most effectual. I have never as yet found it necessary to substitute the actual cautery, so warmly recommended by Sims; but I have resolved in the very next case which

proves rebellious to the acid to use the Paquelin long slender tip, and thoroughly sear the cervical cavity up to the internal os. The danger of thereby contracting the latter orifice should be borne in mind.

As for catarrh of the endometrium proper, I seldom use the sharp curette above the internal os, except when it is my purpose to remove vegetations or hyperplastic mucous membrane of unusual exuberance, or where the dull curette has not prevented the return of the disease. And then, also, I am tempted to follow the curette by fuming nitrio acid, and have seen none but good results follow this apparently heroic treatment. But, as a rule, I find the dull curette and milder caustics (iodized phenol, co. tr. iodine, sol. arg. nit. 5 j. to 5 j.) sufficient to effect an improvement.

The soluble geletine pencils containing these ingredients (except the nit. silver), and also iodoform, sulph. zinc and copper, have at times been beneficial in my practice; but the difficulty occasionally encountered in keeping them in the uterine cavity, and their tendency to produce uterine colic, owing to their frequent insolubility, has somewhat deterred me from using them as often as I should have wished to do. If they are readily soluble (and those made by Mitchell, of Philadelphia, and especially those of Fleischer, of 652 East Fifth street, in this city, are unusually so), these pencils, by their long contact with the diseased surface, are decidedly preferable to fluid applications. They are retained in the uterus by flat tampons over the external os.

As a rule, I think that where an immediately positive effect is desired (styptic, astringent, caustic), fluid applications on cottoh-wrapped applicators are preferable; where a steady, gradual alerative influence is called for, soluble bougies are indicated.

The nitrate of silver is usually prepared in pencils by fusing with nitrate of potash, in various proportions; it is particularly liable to produce uterine colic in this form, and I have never thus employed it.

An indispensable condition to the safe and effectual appli-

cation of caustics to the endometrium, is the patulousness of the uterine canal, particularly the internal os. Fortunately this is unusually the case, the discharge softening the tissues and dilating the canal. But when nitric acid is to be applied, it is always well to secure a canal of sufficient width to permit the easy insertion up to the fundus of a straight rubber stick wrapped with cotton, and a previous dilatation with a tupelo tent for a couple of hours, will attain this end.

Whether the application be made to the whole uterine canal, or to the cervix alone, it must be remembered that the more powerful the caustic the longer it will be before the slough separates, that of nitric acid usually takes from five to seven days; that of iodized phenol or pure carbolic acid, three to four days; that of tincture of iodine, two days, Not until the slough has separated should a second application of a milder nature be made. I usually employ a solution of nitrate of silver, one drachm to one ounce; or tincture of iodine, and continue these applications every other day, or twice a week, until the raw surface is glazed over, or a return of the discharge shows that the severe treatment has not been effectual and requires to be repeated wholly or in It should be remembered, however, that so long as constant applications of caustic are made to a raw surface. it cannot heal. Hence it is well, after a couple of weeks of steady treatment, to allow the patient a week's rest, in order to give nature a chance to heal the wound; if she then fails we must begin again, and perhaps a third and a fourth time

That hot injections should be steadily used whenever there are no tumors in the vagina need scarcely be mentioned. The vaginal leucorrhœa usually present is very effectually controlled by painting the canal through a cylindrical speculum with a mixture of fluid extract of hydrastis canadensis and glycerine, equal parts, and placing a couple of tampons, soaked in this fluid, into the vagina, to be removed in twenty-four hours. As an injection a tablespoonful of fluid extract of hydrastis in a pint of water is excellent to continue the more powerful effect of the application just men-

tioned. I have found this remedy superior to any other astringent in vaginal leucorrhea, as it can be used undiluted without cauterizing or eroding the vagina or vulva.

Patients with chronic endometritis or endocervicitis should be treated at least twice a week, and usually every other day. The more chronic and aggravated the case the more frequent the treatment. As improvement manifests itself, intermissions of several days, or a week or two, may be made, in order to test the persistence of the benefit.

I have not referred to the time-honored practice of dilating the uterus with a sponge-tent, and tearing away the hyperplastic glands and mucous membrane when the tent is removed, because the dilation is more safely accomplished by the tupelo, and the removal of the diseased tissues more thoroughly by the sharp curette. But, when the uterus is unusually enlarged and a decided drastic and alterative effect is desired, the sponge-tent may still be employed and prove beneficial. The usual caustics should follow its application. The forcible dilatation of the whole uterine canal by steel divergent dilators or graduated sounds has proved exceedingly useful in my hands in this disease. Not only does the dilatation allow the application of topical agents, but the free exit of fluids and the steady pressure of the dilators in themselves act beneficially in the diseased tissues.

I have not discussed Schroeder's radical operation (above referred to) in detail, because it seems to me so complicated, and, I confess, wrong in principle, as to be applicable only to the otherwise totally incurable cases of endocervicitis. To slit such a cervix up to the vaginal junction and transplant into its cavity vaginal mucous membrane (so entirely different in character from that of the cervical canal) seems doubtful surgery until every other means have failed. However, the operation is ingenious, and in extreme cases doubtless advisable.

The prognosis as regards permanent cure will always be a doubtful one, so long as some time has not been allowed to elapse since the discharge of the apparently cured patient.

A temporary improvement, or even an entire cessation of the discharge, may, in a few weeks or months, be followed by a fresh attack of the disease. The experience is common to chronic catarrhal affections of all mucous membranes. And only by means of constant, unremitting, and long protracted treatment can a permanent improvement or a CURE be obtained. My experience certainly has furnished me with a fair proportion of cases in which, after several months of the treatment above described, an improvement was obtained of such duration as to leave the patient entirely free from uterine discharge for three and six months. Whether the cure was really permanent afterward, I am unable to say, as such patients who came from a distance were lost sight of; of those living in the city, I infer a permanent cure, since it is fair to suppose that, having once been benefited, they would have returned to me had the disease recurred.

Those cases I have found the most amenable to treatment and the most favorable for a permanent cure, in which the uterine discharge was chiefly maintained by a narrow external or internal os, or where a laceration of the cervix and consequent hyperplasia of the follicles was present. The radical operations of these conditions, as I have described them (removal of diseased glands and papillæ by the curette and caustics, division of the external and internal orifices; and, in given cases, closure of the laceration) usually secured a The most obstinate were those instances permanent cure. of catarrhal endometritis and endocervicitis, in which the external and internal orifices were anatomically normal, and no special hyperplasia of the glands or mucous membrane usually proved unavailing and permanent relief seemed hopeless. Where there was a distinct pathalogical condition or lesion of the orifices or tissues of the uterine canal, the removal of that condition and the restoration of the canal and its walls to the normal state was generally possible, and a permanent cure could with fair certainty be promised. My experience, at all events, does not coincide with that expressed by the words of one of our most eminent gyne-

cologists when giving his opinion on two cases of sterility depending on chronic uterine catarrh (one endometritis, the other endocervicitis) which recently consulted him, viz.: "This is an instance of the interminable uterine catarrh, which is practically incurable." Both these cases came to me utterly discouraged, and after three months of the treatment here described were discharged, to all appearance cured, having been free from discharge one month without treatment. Whether they remain so is, of course, another matter. But they were both certainly relieved long enough to give them a chance to conceive, and if this happy event should take place, nature alone could, during the puerperal state, complete the cure. And if this one attempt at relief fails, and after some months the discharge returns, as all catarrhs are liable to do, better success might attend a second course of treatment. It certainly does not seem right to discourage all patients and deprive them of all hopes of maternity (should they chance to be nulliparæ) when experience has shown us how much good a thorough, persevering course of local treatment will do them.

In making this statement I wish to except that class of cases which have been made a special study by Dr. Noeggerath, viz., latent gonorrhea in the female, where catarrhal infection (I would like to call it affection, for I do not believe in the frequent venereal transmission of this disease as warmly advocated by Dr. Noeggerath) of the vagina and uterine canal has spread to the tubes, and has thus planted itself beyond the reach of topical, as well as general medi-These cases, when once chronic, are incurable, and, if they recover, do so almost in spite of, not in consequence of, treatment. Fortunately these cases are not the majority of those who come under our observation. For them only the last resort of Tait's brilliant operation - the removal of the diseased tubes, generally with the ovaries-remains. And we look forward to the not far distant day when we in this country can point to results as favorable after this operation as those reported by the originator.

The intelligent specialist and the general practitioner need scarcely be told that accompanying anomia must be suitably treated. The influence of iron and other tonics is as marked in improving the tone and functional power of the uterine mucous membrane as of any other organ of the body. Pelvic plethora should be relieved by saline laxatives, the general circulation stimulated and regulated by massage and active exercise, and active hyperæmia of the sexual organs prevented by abstinence from sexual intercourse, during the local treatment here described. And it certainly must be a desperate case which resists all these measures.

Society Reports.

THE AMERICAN MEDICAL ASSOCIATION.

Promptly at 10:30 o'clock, June 6th, Dr. X. C. Scott called the 34th meeting of the American Medical Association to order and introduced Dr. Atlee, the president of the association, who at once introduced Gen. E. S. Meyer, of Cleveland, who delivered the formal address of welcome, which was followed by President Atlee's address, which was principly reminiscences of his younger days in the practice of medicine; reviewing some of the teachers of his day and thanking science for its improvement in the treat_ ment of the insane, The president also spoke of the dreaded examinations of those days, and then spoke of the days of Calomel and the Lancet in the following words: regard to the one I need not speak, but of the latter I feel well assured that the almost total disuse into which it has fallen has cost many valuable lives." Upon the conclusion of Dr. Atlee's address, and the long applause which followed, Dr. Keller, of Arkansas, moved a vote of thanks for his The association was then divided into seven able address. The section of practical medicine, materia medica and physiology, was presided over by Dr. J. H. Hollister,

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of Illinois. There were several important papers read, among which were one by Dr. R. D. Murray, on yellow fever, which was read by Dr. Miller, of Chicago, and was freely discussed by several prominent physicians present. Dr. M. Beach, of Ohio, read a paper on milk sickness. The section of obstetrics and diseases of women was presided over by Dr. J. K. Bartlett, of Wisconsin. W. H. Byford, M. D., of Illinois, read quite an elaborate paper on chronic intero inflamation, which was followed by a paper on post partum polypoid tumors by Dr. H. G. Landis, of Columbus.

Dr. S. D. Gross offered a paper signed by Drs. Austin Flint, Oliver Wendell Holmes, and himself, in which the members of the association were urged to impress upon their senators and representatives in Congress the necessity of a fire-proof building for the preservation of the national medical library and museum at Washington, and the further necessity of an annual appropriation of \$10,000 for the library, \$5,000 for the museum and additional sum for the Index catalogue.

The third, under the title of Restoration of the Perineum's by H. O. Marcy, M. D., of Boston, followed by one Enterotomy as a complication ovariotomy opphorectomy by Dr-Sutton, of Pittsburg.

Dr. A. L. Gihon, of the U.S. navy read a paper on Medical Education. The fundamental fac's in medical ethics.

There was a great deal of interest manifested in the Surgical and Anotomical section which was presided over by Dr. W. F. Peck, of Iowa, and Dr. Paul F. Eve, of Nashville, as Secretary. Among the important papers were one by R. A. Vance on the radical cure of Hermia. Dr. D. P. Allen read an article on comparison of Antiseptic and non-Antiseptic methods of treatment. The next paper was read by Prof. Samuel D. Gross on the value of early and late operation in morbid growths, especially malignant, of which we will give extracts in the future

The section on diseases of children, with Dr. G. W. Earle, of Chicago, in the chair, who read a paper on cephalhaematoma in the new born.

The section on dental and oral surgery, Dr. Goodville, of New York, chairman, and a paper was read on Denudation, or Erosion of the teeth, by Dr. J. S. Marshall, of Chicago.

The section on Ophthalmology, Otology and Laryngology, was presided over by Dr. A. W. Calhoun, of Georgia. The following papers were read: Paralysis of the facial nerve in connection with diseases of the ear, by Dr. L. Turnbull. Hysterical amplyopia, by Dr. J. E. Harper, of Illinois. Tonsilotomy by ecrasement, by Dr. W. C. Jarvis, of New York. The action of nitrate of silver on the mucous membrane of the throat, by Dr. Carl Seuter. Tumors of the post-nasal space, by Dr. E. F. Ingalls. Myringitis, by Dr. C. Williams.

THURSDAY, JUNE 7TH.

The meeting opened at 9:30 A. M. by the reading of a scriptural lesson and a prayer by the Rev. N. S. Rulison.

The secretary announced that the president had appointed certain gentlemen as delegates to the British Medical Association and other scientific bodies in Europe

Dr. Keller, of Arkansas, called up an amendment to the by-laws offered by him last year, giving power to the association, through the committee on nominations, to fix the time and place of meetings, and moved its adoption. The motion was seconded and the amendment adopted.

Dr. D. H. Bachelor, of Rhode Island offered the following:

Whereas, In the opinion of this association, the laws of almost every state are too lax in regard to the sale of toxical agents, by which suicidal deaths are made easy; therefore,

Resolved and voted, that there be appointed by the president and one or more persons or members from each of the states, who shall be members of this association, to confer with the legislature of each of the states, by petition or

otherwise, for the enactment of more stringent laws in relation to the sale of all toxical agents.

The resolution was unanimously adopted.

Dr. S. D. Gross, of Pensylvania, offered a preamble and resolution arguing the value of nursing, and pledging the association to the encouragement of training schools for nurses. Adopted.

Dr. Walter Hay, of Illinois, offered a resolution providing for the formation of a special section in psychological medicine. Laid over, under the rules, for one year.

Dr. N. S. Davis, of Illinois, next presented the report of the standing committee on atmospheric or meteorological conditions and their relations to prevalence of acute diseases.

Dr. Reed, of Iowa, offered a resolution extending the sympathy of the association to the wife and family of Dr. J. C. Hubbard, of Ashtabula, Ohio, who died while in attendance upon the meeting. It was adopted.

Dr. Pollack, of St. Louis, at the request of the St. Louis Medical Society, offered the following:

A code of ethics is considered essential for such an organization as the American Medical Association, and is equal in importance to the written law of a community. Associations and communities can only be ruled by laws which are made for themselves and by themselves. But the best laws became oppressive and imperative when the conditions changed which called for their enactment.

A revision and change of such laws becomes then imperative, and is so frequently instanced by the changes of the Constitution of the United States, and of that of every state in the Union. Municipal and corporation charters are changed by the will of the government, which delegate that power to their representatives.

The code of ethics has an existence coeval with the organization of the American Medical Association. It was absolutely necessary then, and it cannot be entirely dispensed with now. But in thirty-four years this country

has presented so many phases in its development and progress that new laws are being constantly enacted, and old laws are repealed or modified to suit the requirements of the times.

The code has accomplished all it was designed it should, but at present many of its features are obselete, and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and cannot be repressed much longer. The American Medical Association alone has the right and the power to order a revision; all other medical organizations in affiliation with it can only respectfully ask for it. The time has come when the loud and very soon universal call should be heeded. The excitement and the evil consequences of a schism can be easily averted now, and harmony and fraternal feeling may once more be restored among the members of the medical profession. Therefore,

Resolved, first, that the American Medical Association be respectfully requested to appoint a committee of one member from each state for the purpose of taking into consideration the propriety and advisability of a revision of the code of ethics, and to report thereon at the meeting of 1884.

Second, That the committee be authorized to prepare a code of ethics, which, in their view, will meet the wishes of the profession, and submit the same to the meeting of 1884.

This was tabled, under the rule for one year.

Dr. Wm. Brodie, of Michigan, offered the following resolution:

Resolved, That all papers to be read before the different sections, shall, before their reading, have the approval of the chairman of the same.

Dr. Keller moved that the resolution be laid on the table. Carried.

The committee on nominations then reported the following: President, Austin Flint, Sr., of New York; vice-presidents, R. A. Kinlock, of South Carolina; T. B. Lester, of Missouri; A. L. Gihon, of the navy; S. C. Gordon, of

Maine; treasurer, R. J. Dunglison, of Pennsylvania; librarian, C. H. A. Kleinschmidt, of the District of Columbia. The place of meeting for 1884, Washington, on the first Tuesday of May.

FRIDAY, JUNE 8TH.

Association called to order at 9:30 A. M. by the president. Prayer by Rev. T. C. Collins.

Amendment providing for representation from Medical Bureau United States Indian Service was laid upon the table.

Dr. Toner withdrew his proposed amendment that the office of permanent secretary be vacated.

The proposed amendment to allow the chairmen and secretaries of sections to add earnest workers, and that the librarian be made a permanent officer, was laid upon the table.

The proposed amendment to allow permanent members to vote gave rise to discussion, and finally the whole subject was indefinitely postponed. Dr. Davis, from the judicial council, reported that the petition of D. W. Day be returned, with leave to supplement the paper with a written statement of the character of the new evidence he proposed to introduce. Further, that in the case of H. D. Goodwillie, of New York, the council decided that his registration be cancelled, and the annual dues be returned.

Dr. Turnbull offered a resolution that the legislature of each state be petitioned to pass laws requiring railroad employes to be examined regarding their hearing before taking charge of any railrord train. Referred to section on otology.

Dr. Pratt offered a resolution, that being impressed with the importance of the Parliamentary Bills Committee of the British Medical Association, the American Medical Assocition urge upon Congress the subject of competent medical sanitary service on board all transatlantic ocean vessels; that a committee of five be appointed to report on the subject at the next session. Adopted.

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Dr. Bell, of New York, offered a resolution that all papers hereafter offered, except the address of the president and chairman of sections, shall be first referred to the trustees of the Journal for classification and appropriate reference. This gave rise to discussion, and finally was tabled.

The president announced as the committee to further Dr. Pratt's resolution, Drs. Bell, Gibson, Marcy, Quimby and H. H. Smith.

Dr. Brodie moved resolutions of respect to the memory and labor of the late General J. K. Barnes. Adopted.

Dr. Keller offered a resolution that in the near future cremation will become a necessity in large cities and populous districts in the country, and asked that it be referred to the section on hygiene. Carried.

The President appointed the following delegates to the Canadian Medical Association: Drs. W. Brodie and H. O. Walker.

Dr. Toner moved the thanks of the association to the secretary and treasurer for the efficient and satisfactory manner in which they have discharged their duties, Adopted.

Dr. Blount, chairman of the Section on Diseases of Children, was granted the privilege of submitting his address without reading.

Dr. Quimby offered the usual resolution of thanks to the committee of arrangements and citizens of Cleveland for their entertainments, which was unanimously adopted.

The president invited the vice-presidents elect to the platform, made a few remarks complimentary to the president elect, bade the association an affectionate farewell, after which Dr. Lester, of Kansas City, second vice-president, took the chair and declared the association adjournned, to meet on the first Tuesday in May, 1884, at Washington, D. C.

Notes and Miscellany.

Dr. W. F. Peck, of Iowa, chairman of section on Surgery, read before the American Medical Association, his address, of which the following is an abstract:

He said that in reporting upon the progress made in surgical science it is recognized that many theories are at present announced as facts, which, when experience and demonstrations have thoroughly tested them, may be climated perhaps to re-appear when the cycle of professional experience again completes its revolution.

Since Cohnheim gave to the profession, in a complete and formulated manner, the character and importance of the colorless corpuscle in pathological changes, strenuous efforts have been put forth by Pasteur, Koch, and others to unfold the importance of the bacterial germs which, according to demonstrations by Oliver and others, have a normal existence in the blood, the lymph, and the tissues of the body. The surgeon is much interested in these investigations, because of the important statemements made by eminent teachers concerning the origin and nature of some forms of articular disease, also the peculiar degeneration in bone and grandular structures. The interest does not stop with these tissues, for underneath it all the germ theory, which is thought by many excellent men to deal with the greatest of all causes for engendering infectious inflamations, pyæmia septicæma, abscess, gangrene, etc., receives a support which. if sustained, will tend to give new and more efficient reasons for the use of antisepticism in practice. It cannot be admitted that practical surgery has thus far been directly benefitted by Koch's views.

The condition of the problem of the management of wounds and other pathological processes by means of the so-called antiseptic methods suggests a move in the direction of greater confidence in the details of operative procedure, and scrupulous attention to extreme cleanliness in the minutiæ of practice. Within the year the antiseptic meth-

od of wound manipulation have been regarded as embracing the spray, the fixed and intimate relations of fresh surfaces, rest, pure air surroundings, and, when practicable, drainage. While it is admitted that most of the leading surgeons of England are thoroughly wedded to the antiseptic treatment of wounds, there are to be found not a tew excellent teachers who reverently believe that nature, under wise assistance from the surgeon, will do more to save life and limb than the surgeon can do who depends upon strict antisepticism.

It is apparent that the "lost art of blood-letting" in the treatment of inflamation is being reclaimed, and that its induction into a legitimate position among other remedies of conceded value is fast taking place.

The Connecticut Medical Society voted that the secretary memoralize the legislature on behalf of the society for the passage of a law requiring that no patent or proprietary medicine shall be sold in that state without the formula plainly printed on, imposing a heavy fine for any violation of said law.

An injunction has been served on the College of Physicians and Surgeons, of Buffalo, forbidding their issuing any diplomas or certificates as a legally incorporated medical college, the legality of its corporation now being before the courts.

Dr. J. A. Andrews, in writing to the *Medical Record*, says Cumurin is the best drug to disguise the unpleasant odor of Iodoform, and says 3 grains of the former will disguise the disagreeable odor of 1 drachm of the latter.

We call the attention of our readers to the advertisement of F. Stearns & Co., of Detroit, Mich., which appears in this month's issue of our journal. We would especially request those of our patrons who are not accessible to drug stores to send for their price list.

A CASE OF POISONING BY POTASS BROMIDE.

In a recent inquest held in St. Joseph, Mo., the coroners jury returned the verdict that Mollie Mason came to her death by dissipation and over doses of Bromide of Potassia, administered under the directions of the city physician, who, it seems, indiscriminately prescribed 25 cents worth, which proved to be 145 grains, which was given in a very short time.

Dr. Theophilus Parvin, late professor of ehstetrics in the university of Louisville, has recently been elected professor of obstetrics and diseases of women and children in the Jefferson Medical College, succeeding Dr. Ellerslie Wallace.

Prof. Robert Barthalow has been elected dean of the faculty of the Jefferson Medical college.

We, until quite recently, have omitted testing a sample of Pinus Canadensis, sent us by the enterprising chemist, J. C. Richardson, of St. Louis, but have quite recently tested its merits to the end that we have no hesitancy in saying to our fellow practitioners, that it will give them satisfaction as a mucous astringent wherever they may use it.

LARGE DOSES OF ARSENIC IN CHOREA.

James Sawyer, M. D., in the course of a clinical lecture delivered in Queen's Hospital, Birmingham (Brit. Med. Jour.), exhibited a girl ten years old who, in being treated for snbacute general chorea, had taken "Fowler's Solution" in doses increasing from five to thirty-five minims, thrice daily. Not till then did toxic effects occur, and the chorea cease. After entire suspension of the drug for two days, it was continued for a time in doses of fifteen minims, and the chorea did not occur. The doctor said: "You may cautiously increase the dose of liquid arsenicalis, far beyond the limits of the text books, with the best results in chorea. —Epitome.

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., Fort Scott, Kansas, W. C. BOTELER, M. D., St. Joseph, Missouri, Editors.

JNO. R. CHEANEY, Bus. Editor.

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department.

THE HEATED TERM AND CHILDREN'S DISEASES.

The heated term is upon us, and with it come the usual diarrhosal troubles of children, and we shall not over rate the fact when we state that no class of simple troubles requires more nicer management.

We admit that some practitioners claim to have but little trouble, and in the open country and cooler climates this is, perhaps, the case; but here in the west, every practitioner must have more or less of summer complaint to contend with.

Under this term are properly included two classes of diseases; the first is directly attributed to atmospheric condition, heat, etc., and is analogous, if not identical with sunstroke. The onslaught is generally in the night, after an eccessive hot day and night, with copious watery discharges frequently involuntary, a high range of temperature, perhaps convulsions, and rapidly fatal, unless relief comes by natural or artificial aid.

The second group, consists of the inflamatory conditions

enteritis, collitis, or, entero-collitis, the latter really the most frequent form.

Our purpose is mainly to call attention to the principle point in these cases—and that is prophylaxis. It may be argued that the physicians' tunction is more that of a healer than a preventer, but these little children appeal to us, and to teach the parent, it possible, and we acknowledge it not always an easy thing to do, that a six month-old baby's digestive organ are not prepared to take cabbage by the wholesale, and that potatoes, etc., are poison to them. Teach them that the mother's milk is the natural aliment, or, if not that, something as near like it as possible, and that all so-called artificial foods are a fraud and should be driven from the market. A stomach, as yet feeble in digestive power, capable only of digesting such substances as require but little else but solution by a proper ferment, if overloaded by a quantity of vegetable substances, requiring a much more complex elaboration, nothing but disaster can be expected of such a course. The undigested portions of food become a source of irritation, decompose, and nauseous poisonous gases are the consequence.

If the prostrating effect of the solar heat upon a delicate nervous system be added the train of baleful influences, is pretty complete. The old adage "that an ounce of prevention is worth a pound of cure," applies with double force here, and should be understood by every parent.

CALOMEL IN DIPHTHERIA.

Dr. Chas. S. Miller, in the South. Prac. reports a case of diphtheria where the membrane was present and the breathmuch embarrassed, which was treated by ten grains of calomel every hour, with a rapid throwing off of membrane and no re-formation. This leads the Med. Age to call attention to Reiter's claim in Squibb Ephemeris, who advises these doses before the membrane has formed.

We are tempted to add our experience in a single case

where this plan was tollowed, in a boy of six, only the doses were 5 grs. ea., and given at intervals of two hours. This little boy was taken about midnight with what was supposed to be spasmodic croup, and for which he was givemetics. When called into see the case, we found the child with a tempt. of 101 1-2; pulse 135, feeble, a hoarse almost inaudible cough, and the voice completely lost. pharvnx intensely congested. We pronounced the case one of laryngeal obstruction diphtheria being epidemic, it was thought to be that; yet, at no time was there any formation of false membrane visible. The child was given 5 grs. of calomel every 2 hours. Seen the next day by Dr. Baldwin and myself. At this time the obstruction was nearly the same, only the cyanosis was more marked, finger nails and lips blue. The secretion from the throat were freer. The child finally made a good recovery. No other treatment was used; no membrane was ever expectorated.

The alleged cause here was that the child came home from school in a profuse perspiration and it is a question whether this was not a case of simple laryngitis and the obstruction due to swelling. The symptoms were very alarming and the treatment sufficiently encouraging for repetition in similar cases. The child took altogether 90 grs. and, as in Dr. Miller's cases, what seems remarkable produced no diarrhoe or emesis.

SOUTH-EAST KANSAS DIST. MED. SOCIETY

The regular semi-annual session of the society was held at Galena, Cherokee county, June 29th, 1883, with barely a quorum present, both the president and vice-president being absent. Dr. R. J. Peare, of Pleasanton, Linn county, presided. There were besides present, Dr. Hanawalt, of Galena; Drs. Jordan and May, of Columbus; Drs. Baldwin and Dickman, of Fort Scott.

The society was called to order at 8 P. M. Minutes of last meeting were read and approved.

Dr. J. P. Scoles, of Galena, was nominated and elected. to membership.

Under the call of regular committee, Dr. G. R. Baldwin made a verbal report on the subject of Hemmorhoids. He related his experience where he had resorted to hypodermic injection of a strong solution of nit. of silver in five cases; all were cured, but contrary to the usual claims, all suffered excruciating pain. One or two cases were followed by retention of urine. He expressed himself as decidedly in favor of the ligature. Other gentlemen discussed the matter.

Dr. Jordan presented a clinic with a history of epeleptoid seizures; no uniform regularity in the attacks. These were fully discussed, particularly with reference to treatment.

The president, Dr. Peare, read a report on psychological therapeutics, which is of much interest, and we regret tosay that its length prevents us from giving it in full.

The Dr. calls the attention to the frequency of mysterious cures, some of them well authenticated; to reported cures by spiritualism, mesmerism, etc. He called attention to early history, and these cures, so frequently interwoven with such history, both ancient and modern. He called attention to the possible advant ge which might be derived to medicine by being able to perform certain minor operations while patients were in a mesmeric state. The paper covers the entire field, and as stated, we regret that space forbids a more extended notice. The paper was received and discussed.

The nominating committee reported that the standing special committee be continued, except such as have reported, and that the next session be held in Fort Scott on the second Thursday in January next.

On motion, the society adjourned to meet at Fort Scott, as stated. F. F. DICKMAN, Secretary.

Selections from Journals.

EXAMINATION OF URINE.

Dr. Formad, of Philadelphia, who has recently come into prominence as a microscopist, gives the following succinct rules for the examination of urine:

- 1. Sediment in the urine has no significance unless deposited within twenty-four hours.
- 2. Albumen in the urine does not indicate kidney disease unless accompanied by tube casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen.
- 3. Every white crystal in urine, regardless of shape, is a phosphite, except the oxalate of lime, which has its own peculiar form—urine alkaline.
- 4. Every yellow crystal is uric acid if the urine is acid, or a urate if the urine is alkaline.
- 5. Mucous casts, pus, and epithelium signify disease of the bladder (cystitis) or of other parts of the urinary tract, as determined by variety of epithelium.
- 6. The urine from females can often be differentiated from the urine of males by finding in it the tasselated epithelium of the vagina.
- 7. Hyaline casts (narrow), blood, and epithelial casts, signify acute catarrhal nephritis. Much albumen.
- 8. Broad hyaline casts, and epithelial dark granules and oil casts signify chronic catarrhal nephritis. At first, much albumen; later, less.
- 9. Hyaline and pale granular casts, and little or no albumen, signify interstitial nephritis.
- 10. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a chronic disease.
- 11. The urine should be fresh from microscopical examination, as the micrococci will change hyaline casts into granular casts, or devour them entirely in a short time.

- 12. Uric acid in the urine may, in Trommer's test for sugar, form a protoxide of copper, this often deceiving the examiner into the belief that he has discovered sugar. Thus, when urine shows only sugar, other methods of examination must be used—deferentially the lead test.
- 13. The microscope gives us better ideas of the exact condition of affairs in the examination of the urine than in the various chemical tests.—Louv. Med. News.

ELECTRICITY IN EXTRA-UTERINE PREGNACY.

In the N. Y. Medical Record, Dr. A. D. Rockwell records seven cases of extra-uterine pregnacy that were successfully treated by destroying the life of the fœtus at an early period, with electricity. The cases occurred in the practice of Drs. Thomas, Emmett, Marion Sims, and others, of New York. The constant current was used with one pole introduced to the mass through the vagina, the other over the tumor, externally. The maximum current strength was 18 cells, or a power of 24 volts. In all of the cases recorded, the fœtus was effectually destroyed, the tumor diminished in size, and the patient made a good recovery.—Can. Lancet.

EUONYMIN IN THERAPEUTICS.

At a recent meeting of the Society de Therapeutique, M. C. Paul read a communication on this subject. He found that eunonymin had a somewhat analagous action to podyphillin, being an excitant of intestinal contractility and of biliary secretion. It is of incontestable efficacy in intestinal atony. It acts best in the dose of four or six grains, but if used continually for a period its laxative effects diminish, particularly if the patient is confined to the bed. M. Blondeau remarked that he had given it to patients in two-grain doses for a period without noticing any diminution in its effects,

M. Dujardin Beaumetz found euonymin an excellent cholagogue with comparatively little purgative effect, and for this reason he was in the habit of prescribing it in combination with laxatives.—Medical and Surgical Reporter.

Kansas & Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4.

FORT SCOTT, KANSAS, AUGUST, 1883.

No 8

Original Communications.

THE CODE OF ETHICS.

A PAPER READ BEFORE THE EASTERN DISTRICT MEDICAL SOCIETY, AT LEAVENWORTH, KANSAS, BY
W. L. SCHENCK, M. D.

As the code is just now the subject of many words, it may be well for those who have adopted it as their "rule and guide of faith and practice," to re-subject it to the crucible. When adopted it was supposed to contain the common sense and common morality of our intercourse with each other, our patrons and the public, but it is claimed that the busy years that have passed since its adoption, so replete with progress that the hand of the laborer in the old plodding ways has been substituted in every department of life by the invention of art and science until the active fingers of our multiform machinery perform every variety of work, until harnessed steam, with tireless gait, transports us with all our commerce over land and sea, and the tamed lightnings carry not only our messages but the very tones

of our voices, between earth and sky from city to city, and from land to land, beneath the bellowing sea, and make night, in its brightness, rival the noon-day sus, have changed our relations and so altered common sense and morality that the code must needs be changed.

. Let us examine the claim. The code begins by declaring that we should treat all who come under our care with humanity, fidelity and skill, making every possible effort to administer to their comfort, cure their diseases and remove any pernicious habit or evil surrounding tending to disease: and that the patient's reciprocal obligations are, after selecting a physician, to treat him with the frankness, courtesy and consideration due to the delicate, onerous and responsible duties he is called to perform and not to exchange him for another on the whim of some meddlesome neighbor, or Then it treats of the duties of physicians for trivial causes. to the profession at large and to each other, teaching that all who enter the profession, as they thus become entitled to its "rights, lights and benefits," assume the reciprocal obligation of professional courtesy and integrity, and of dilligent effort to enlarge its field of knowledge and extend its bounds of usefulness, giving freely for the common good the results of their researches and experience, rendering honor to whom honor is due, and avoiding all the shallow, baseless tricks of the charlitan.

Only thus has the science advanced. Only thus can the great interests of humanity be observed.

The articles relating to the courtesies of physicians toward each other in cases where the ties of consanguinity may obscure their judgment, or during temporary absence, are only commendatory and are free from objection. Then comes "duties in regard to consultations," and as this is the portion of the code especially obnoxious to certain parties, let us give it a careful examination.

It is based upon the premises already accepted,—that it is the duty of every member of the profession to maintain its dignity and honor and to extend its usefulness. Its dig-

nity and honor alike demand that its members avoid all proclamations, advertisements and hand-bills claiming special knowledge, honesty, ability or opportunity, or the possession of particular theories, secret remedies or patent appliances, for such a course implies disgraceful ignorance or avarice, alike unbecoming to a learned and beneficient profession, and is akin to the cheap reputation based upon the laudatory puffs of the secular press. If doing these things is beneath its dignity and debasing to the profession, so must be the encouragement, directly or indirectly, of all who do them.

But, it is claimed, the interests of humanity are greater, higher than professional dignity and honor. Honor should be dearer than life, and the interests of humanity can never conflict with either honor or dignity, and are best sub-served by ignoring charlatany in all its varied forms.

The basis of the regular profession is broad enough for all who intelligently and honestly seek to relieve suffering humanity. It demands a complete medical education, such an education presupposing sufficient mental culture and moral worth to appreciate and appropriate scientific knowl-It accepts the entire benefience of the Creator-minerals, vegetables and animals, or minerals, if you please, in gasseous, liquid or solid form, and as eliminated by animal and vegetable chemistry, together with all agencies by which morbid conditions may be removed or relieved, and applies them on such theories and in such form and dose as individual judgment may dictate, rejecting only that egotistical narrowness, the offspring of ignorance, which proclaims a part greater than the whole, assumes that wisdom will die with it, and adopt a patent or a dogma that excommunicates from fellowship all who are not dwarfed and distorted after its particular pattern.

Consultations are the confidential and honest exchange of opinions as to the cause, pathology, treatment and prognosis of particular cases, to the end that the patients may be restored to health. They can be of no possible advantage

unless the parties are open to conviction, intelligent and honest. Let us suppose a case of consultation by one who claims that every person has the right to employ a doctor, with er without knowledge, and of whatever school or sect, and that the interests of humanity demand that he should, if the patient desires, meet his attendant in consultation.

A woman of large wealth, but with little medical knowledge, employs Mrs. P. Very naturally she grows worse, and becoming alarmed sends over to New York for a consultant. Prof. A. is seen, who says: "Certainly I will go. She has the right to employ whom she chooses when sick, and my interest in humanity forbids my refusing the advantage of a very extensive knowledge in my specialty." Arriving at Lynn the learned gentleman hardly needs to be introduced to the lady whose angelic (?) smile has irradiated ninety-nine hundredths of the religious, literary and secular journals of the country. The patient is examined and they retire for consultation.

The distinguished specialist says: "I observe your patient walks with the 'spaoticker gang.'"

"Yes," replies Mrs. Lydia, "I fixed that for her to walk with"—"and," says the Dr., "she has kyphoscholiosis."

Mrs. P. "Yes, she had that from a doctor before I was employed. But it don't do her any good."

Dr. A. "I think her convulsions are due to pressure upon the lateral tracts."

Mrs. P. "No, I haven't allowed her any tracts; they are too worrying."

Dr. A. "To relieve her distressing neurosis I would give--"

Mrs. P. "Oh, you needn't tell me what to give. My 'Vegetable Compound is a sure cure' for all distressing diseases of females. Mrs. —— only wanted you to say what is the matter with her."

Is it objected that the specialists who reject this section of the code do not expect to consult with Mrs. Pinkham or Dr. Horsford or Dr. Ayers, "et id genus omne." Then they

propose drawing a line and excluding some from their beneficence, denying, in this land of liberty, to some, a choice.

Where will they draw the line? Until the great public has more light on physiology, pathology and therapeutics, how shall it know what advertising quack or specialist to employ?

The code says "a regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, but for the good of society it recognizes practitioners of good moral character and general intelligence whose practice is not based upon an exclusive dogma.

What improvement will you suggest! Would you include Homoepaths and Eclectics? All who base their practice upon a narrow dogma are advertising quacks, and between them there is only a question of a little more or a little less. And it matters very little whether the cures are effected by Mrs. Pinkham's "Vegetable Compound," Horsford's "Acid Phosphates," Dewey's Castoria," by similia simillibus and Hannemannic dynamizations or by some doctrine of specifics. Goethe has said in his Wilhelm Meister: "He who knows it half speaks often and is always wrong. His advice is savory and satisfying for a single moment."

But does some kindly disposed brother think the eclectics should not be included among advertising quacks because at the late meeting of the American Eclectic Association they expelled Dr. — of Ohio, for advertising, and that Drs. - and -, of Kansas, only escaped by kneeling in sack cloth and ashes. That association stultified itself, and Dr. - was slaughtered in the house of his friends. ever they write eclectic medical they advertise the possession of a specific knowledge, or a specific practice, or of some acquisition whereby they are to be considered par excellence the physicians. With what grace do they expel those who bear the marks of their mother, though their advertisements like hers are a snare and a fraud. Let us see if they differ from other "isms" and "pathies." Dr. R. is called in consultation with Dr. E.

- Dr. E. "Good morning, Dr. R. We feared you would not meet us in consultation."
- Dr. R. "My interest in humanity has induced me to overlook our differences."
- Dr. E. "Please explain why regulars generally refuse to council with us."
- Dr. R. "Certainly. They are broader than your creed, which excludes them from your fellowship."
- Dr. E. "But we accept all remedies that are valuable and act specifically."
- Dr. R. "So you think; but they believe Gods beneficence and the fields of knowledge equally boundles, and do not limit his means of grace by mode or number, whilst you exclude by your narrowness all who do not accept your dogma."
 - Dr. E. "But every church believes its doctrines true."
- Dr. R. "Certainly, and by the narrowness of its creed withdraws the hand of fellowship and pronounces in error all who differ with it."
 - Dr. E. "But all cannot be right."
- Dr. R. "Yes, all hold some form of truth. No one exhausts it. They can only unify through charity. Our platform is based on the infinite love and wisdom of Jehovah, and accepts all that is in harmony with this faith, allowing the conscience and intelligence of each to be his sole guide, fellowshipping all of every belief whose faith is in the all wise and all good, and who place no trammals on thought or investigation. But time passes. Let us examine the patient."

It is agreed that there is hepatic congestion resulting in portal engorgement and colitis. Dr. R. suggests a cologogue to relieve the liver and consequent engorgement and dysentary.

- Dr. E. says: "I do not accept your theory, I rely on specifics."
 - Dr. R. "My treatment is not based on theory but on

pathological conditions and physiological and therapeutic action."

Dr. E. "If you cannot accept the doctrine of specifics our consultation may as well end."

Dr. R. "Say better, Dr., and that it had better never have begun. Let me suggest that you may sometime learn that while no one school or sect in medicine is entitled to all the wisdom, the integrity and the honor, the great mass of knowledge in every department of medicine has come to us through the regular profession. What would we have known of antiseptics but for Lister; what of anesthetics but for Morton and Jackson; what of bloodless operations but for Lallemand; what of the circulation of the blood but for Harvey; what of any great advance from the days of the sage of Cox until now, but for some member of the regular profession?"

Dr. E. "But we accept all valuable progress."

Dr. R. "Perhaps; and if so appropriate it without credit. But let us see. Your best schools concede that not less than two full courses of lectures in different years can qualify a student to take charge of the life interests of the people and entitle him to a diploma. You know a case where a month at one of them secured a diploma, and another where a young man, after a single winter and spring term, came back dubbed M. D."

Dr. E. "In the latter case at least you are mistaken. I have examined the annual announcement of that college and his name does not appear among its graduates."

Dr. R. "I am surprised at your statements. The young gentleman claims a large stock of piety. I think he was a student of divinity and preached a little. Is it possible his morality and integrity are so low he would perpetrate such a fraud. But it so, it only transfers the charge from the college to the profession at large, for I believe they admitted him to membership in the American Eclectic Association. But, good day, Dr., our talk may as well end."

Some of the homœpathic societies have resolved that dose

has nothing to do with homepathy, and few of the adherents of any of the sects in medicine adhere very strictly to the tenets of their faith. It would seem that the time is not very far distant when the better informed and more honest will lay aside the shiboleth by which they exclude themselves from our association.

But Hahneman in his organon tells us "The suitableness of a medicine for any given case of disease does not depend on its accurate homopathic selection alone, but likewise on the proper size or smallness of the dose." (page 321.) "The very smallest, I repeat, for it holds good and will con-. tinue to hold good as a homopathic therapeutic maxim, not to be refuted by any experience in the world, that the best dose of the properly selected remedy is always the very smallest one in one of the high dinamizations (or the thirtieth dilution) as well for chronic as acute diseases, a truth that is the inestimable property of pure homoepathy, and which, as long as alopathy, and the new mongrel system made up of a mixture of allopathic and homepathic processes is not much better, continues to grow like a cancer at the life of sick human beings, and to ruin them, will keep pure homopathy separated from these spurious arts by an impassable gulf" (page 289). It is useless to say the 30th dilution of a primative drop of any medicine, whether lime water or laudanum is the 100,30th of a drop, or the 1,000,-000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,-000,000,000,000,000th part. What advantage can come from those believing or professing such a faith, or how can they ask for consultations.

Look at the work of revising the code from whatever standpoint and what good can come from consultations with those who accept only a part of medicine. You cannot put the sun into the moon, or drown a body that has light in itself in one that shines by a reflected light. Whence then the objection to the code?

"If self the waivering balance shake, 'tis rarely right adjusted."

It has been well said by one of old "whosoever shall keep

the whole law, and yet offend in one point, he is guilty of If interest or ambition has caused one to sin against light and knowledge, he has violated his conscience and broken a link in the golden chain that binds him to truth and righteousness, and is ready to break the other links at the demand of self interest. So the physician is ready to break the whole law when he has broken a link by advertising himself as possessing some peculiar, secret or excessive knowledge in any department of his profession, whether through the ordinary forms of newspaper puffs and cards, or in an "annual announcement" as professor of diseases of women or of children, or surgery, obstetrics or venerial diseases in the "Cross Roads College," when there are not enough "settlers" in all the region 'round, if all were in the hospital, each with a dozen diseases, the professors thrown in to complete the list of cardiac and cerebral disturbances, to illustrate half the diseases flesh is heir to.

Or, if you please, by advertising themselves as professor of otology, odontology, dermatology, histology, hirsutology, etc., in the Grand Avenue College of—city, where a half dozen of such institutions in excess of the actual demand, are forever making some poor fellow feel lonesome because there are never quite enough professorships to go round, spread them out as they will, or if the lucky inheritor of wealth perhaps running a patent almanac or a gynecological or other specialist journal.

There are doubtless a few kindly men in the profession, like our friend who consulted with the eclectic, who, seeing only the nearest link, desires this portion of the code enlarged. A few consultations will cure them. But we think those who seek its enlargement through selfishness, and because they have already broken its provisions, are incurable and had better fall back where they belong.

The articles on cases of interference and professional differences need no modification, but more careful study, to the end that all may rise by merit rather than by intrigue and artifice.

On "pecuniary acknowledgements," from a lack of which so many of us suffer, the fault will generally be found with ourselves, arising from want of business tact, or from honorable adherence to uniformity in charges and collections. The closing articles on the duty of the profession to the public and the public to the profession need no comment, but an entire paper might be written on the importance of the profession exerting a more positive influence against the great and growing evils of patent nostrums and so-called proprietory medicines, all of the same genus, but the latter especially obnoxious to the profession because their appeals are an insult to its intelligence and morality. conslusion of the whole matter. Objections to the code. like objections to the Holy Writ, generally arise from ignorance of its contents or restiveness under healthful restraints.

REVIVING THE STILL-BORN.

Artificial respiration practiced for an hour at least has so far been considered the most successful means of reviving still-born infants. Professor Wallace, in his lectures at the Jefferson College, used to mention several cases where, after an hour's trial with artificial respiration, he had at last succeeded in reviving an infant still-born, and where all hope had been given up. A French physician, by the name of Camberdon, has convinced himself, that a very warm bath of a temperature of 50°C. exerted in such cases a far more favorable result than even the method just mentioned. is a known fact that infants who, when born, exhibit a lack of vitality, often wonderfully revive when wrapped up in hot blankets or placed into a very warm bath—with one word, when placed into that temperature they had just left It seems plausible, therefore, that the same procedure may turn out successful in certain cases of the stillborn, and we draw, therefore, the attention of our readers to this application of a hot bath.—Medical and Surgical Reporter.

Selections from Journals.

CHOLERA.

"S.," writing to the Scientific American in reference to the above disease, says:

"The article quoted from the London Lancet, July 28th, says: 'We know that it (cholera) is propagated solely through excreta; obviously, if the excreta of a cholera patient are allowed to dry in contact with the air, the air will then become infected. * * It is wanton recklessness to let excreta pass into the sewers. * * Whatsoever disinfectant we employ, we should use it at once.'

"The writer of the above was certainly not aware that our sanitary plumbing laws do not allow the excreta to pass into the sewer without going through a long soil pipe in the house, where, before it enters the sewer, it encounters a current of fresh air which there is made to enter the pipe, and traveling in the opposite direction through the whole length of the pipe to the top of the house after having, according to its nature, as is above stated to be well known, taken the infection from the excreta, and then passes it out through the open end at the top of the house.

"On a calm day, when the atmosphere is called heavy, the air from thousands of excreta pipes doubtless does sometimes make its presence known to the dwellers and walkers below, whose supply of air comes from above, but perhaps it was considered that the noxious quality of the infection would be lessened by the greatness of the number of people who would share it between them.

"On such days in London, when the foggy air enters the city at one end, there you may see a long distance; but as it slowly travels along its miles of streets, it gains gradually in density by the smoke from the tops of the houses growing darker and darker, until before it has reached to other end

the continuously odded contributions have made it dark as night.

"If infection add to the specific gravity of air would it not act in New York as coal smoke does in London?

"A plausible plan would be to make it impossible for sewer gas to enter houses or otherwise do harm by causing draught from the house to the sewer, and from the sewers through purifying fires and pipes heated by them, up high chimneys built for that purpose or those of manufacturers, who might be compensated for their use.

"There may be some objection to that plan, but fifty years ago the largest hotel in Boston used it very successfully; a tall chimney in their courtyard, into which a draught was caused by a fire flue running into it, being made available."

EFFECT OF ALCOHOL UPON DIGESTION.

It cannot be claimed that we have yet learned all that is to be known about our stomachs and the reactions that take place within them, notwithstanding the fact that one man, at least, lived for many years with an open window, as it were, in his stomach.

Every contribution to our knowledge of the subject based on real, first hand, experimental proof, has some value, hence we think that the recent experiments of Dr. P. J. Spenzer upon the effect of wine upon the medical properties of pepsin are worthy of careful and thoughtful attention, imperfect as they are.

Pepsin, also known as chimosin, is one of the active ferments of digestion. For medical purposes it is prepared by scraping the well washed stomach of a hog, and in this state possesses the property of dissolving a large quantity of coagulated albumen, such as the white of egg. Dr. Spenzer, in his paper read before the Ohio State Pharmaceutical Association, gives the amount of white of egg (hard boiled) that will be dissolved by one grain of pure pepsine, of dif-

ferent makers, when mixed with eight drops of pure concentrated hydrochloric acid in six hours. The amounts varied from 68 to 170 grains, with an average of about 80 grains.

He found that the acid alone would dissolve half as much as the acid and pepsin, or forty grains, and that eight drops of acid and 100 c. c. of ten per cent alcohol would dissolve as much albumen as the ordinary commercial pepsine and acid would together. This would make alcohol equal to pepsine as a digestive agent for egg albumen. For raw beef the case is quite different; acid and alcohol having less power than acid alone, while acid and milk sugar dissolved as much meat as the best pepsine with acid.

It is to be regretted that alcohol was not tried in combination with pepsine.

In conclusion, Dr. Spenzer states his conviction that an hour's exercise in the fresh air is equal in digestive power to any usual dose of pepsine, regardless of maker. When commercial pepsine is used it should be as fresh as possible.

H. Seeman has proved (Centralblatt fur Med. Wissensch.), that free hydrochloric exists in the stomach, although the presence of peptones prevents its detection by means of methyl violet. This is probably one reason why it has so long been an unsettled question whether it was hydrochloric or lactic acid that gave the acidity to the gastric juice.—Scientific American.

THE STATE OF THE UTERINE MUCOUS MEM-BRANE DURING MENSTRUATION.

Besides Wyder ("Ztschr. f. Geburtsh. u. Gynak.," ix, 1), the names of Kundrat, Englemann, Williams, Leopold, Moricke, and de Sinety may be mentioned among those who have made investigations upon this subject. All of them agree that the uterus is deprived of its epithelium during menstruation, and is converted into a wound-like surface. The disagreement is as the extent of the exfoliation. Williams concludes that there is a complete loss of the mucous membrane of the uterine body, and a laying bare of the

muscular tissue. Kundrat, Englemann, Leopold, and the author are of the opinion that only the artificial layers of the mucous membrane are shed. The four authors first mentioned believe in a fatty degeneration of the menstrual mucous membrane, all but Leopold considering it as the primary and principal factor in producing the hæmorrhage. while Leopold, on the other hand, considers it (the fatty degeneration) as secondary to and dependent upon the hæmorrhage, the latter being caused by excessive dilation of the capillaries of the uterine mucous membrane, with relative insufficiency of the veins. Regeneration takes place, according to the author, from the layers which have not been shed, and which are in a condition of cell hyperplasia. Neither Moricke nor de Sinety admits that there is loss of mucous membrane during menstruation, or fatty degeneration, to a very great degree, the process being largely limited to congestion and diapedesis. The author proceeds to the analysis of eight cases, with special reference: the condition of the superficial and glandular (uterine) epithelium; 2. To the kind of hæmorrhage which occurs during menstruation and the method of its occurrence; 3. To the conditions of the mucous tissue, particularly the interglandular substance. He accords to Moricke the credit of having established the following points: 1. That during menstruation a portion of the mucous membrane of the body of the uterus is undisturbed; 2. That the teaching of Kundrat, Englemann and Williams, concerning a primary fatty degeneration of the uterine mucous membrane is no longer tenable, 3. That the superficial and middle layers of this membrane do not suffer conversion into a decidua. His own views are summarized as follows: 1. During menstruation a portion of the superficial layer of the mucous membrane disappears, the rest remaining. This shedding process varies in extent in different cases, now involving the entire superficial layer (Leopold, Wyder), again taking only a small portion of it (Spiegelberg). The elements which are thrown off are partly detritus and partly unde-

composed matter. In some cases, as in dysmenorrhoea membranacea, small mucous shreds are found, which, however, are too small to cause dysmenorrhoea. 2. This process of shedding is caused by the hæmorrhage of menstruation, and not by primary fatty degeneration, 3. The superficial and middle layers of the mucous membrane, which are left behind, show an abundance of small cells, but no similarity to the decidual membrane of pregnacy. The deepest layers show a cell-hyperplasia of the interglandular tissue, the mission of which is to furnish a supply for the tissue which is lost during menstruation. 4. The degeneration of the superficial epithelium is participated in, as well by the glands as by the surrounding membrane in which they are embedded.—N. Y. Med. Jour.

ACTION OF CANNABIS INDICA.

Dr. James Oliver, house physician to the Hospital for Women, London, thus describes, in the *British Medical Journal*, the physiological effects of cannabis Indica:

Two preparations of this drug have been recommended for use, viz.: the tincture and the extract; it should matter little which is used, the tincture being simply a spirituous solution of the extract. Much, however, as far as results obtained go, seems to depend upon its place of cultivation. Many of those persons who experienced unpleasant effects from one-grain doses had previously taken the same dose (different sample, however,) with almost no result at all. It is usually said that cannabis Indica produces pleasurable symptoms; such, I regret to say, has not been my experience; in fact, the result has frequently been alarming to the friends of the patient, but more frequently still, from the comparative inertness of the drug, no result is obtained at all, even although three or four grains have been given at a dose. When unpleasant symptoms have been produced by the use of this drug, they do not readily pass off, but will often persist for a day or two, and the too early use of mor-

phia will not uncommonly aggravate the condition. physiological effects of the drug usually manifest themselves about two hours after administration; this, however, varies, being hastened or retarded according to the condition of the stomach as regards food at the time of ingestion. symptoms are the first to develop, the patient experiencing peculiar indescribable sensations in the head, bo no means pleasant in character; and, although quite rational, knowing all that is going on, some have an irresistable desire to be In some cases earlier, in others later always on the move. on, the patient loses control over the muscles, being unable to move them at will: in one case the muscles of the larynx were so affected, and the patient, when interrogated, was for the time being unable to respond. Muscular anæsthesia is often produced by the use of Indian hemp, and this is, as a rule, so complete that the whole body feels unsupported, as if floating in air. Pain, even at this stage, frequently persists, showing how little influence this drug evidently has on the sensory nerves. In some cases spasmodic contractions of the voluntary muscles result, and this is more especially to be noted in the muscles of the jaw. Dimness of vision in many cases quickly follows, the pupils in some remaining unaltered, in others being apparently contracted. pupil responds to light, but accommodation is interfered with, objects at a distance being very indistinct. The pulse is invariably rapid, but quite regular. Sensibility to touch is unaltered. Numbness and tingling have been constant symptoms in all the cases.

OPHTHALMIC APHORISMS.

Dr. J. J. Chisholm, of Baltimore, gave the following aphorisms in a report presented to the Maryland State Medical Society at is last session:

First Aphorism.—Do not blister. In forty-nine applications out of fifty, as I find it used by physicians at large, it is an additional and useless torture to the eye diseases from which the patient is already suffering.

Second Aphorism.—Do not use nitrate of silver. As constantly prescribed by general practitioners, it is not beneficial in one case out of one hundred, and therefore is a very painful affliction to the ninety-nine who would have been so much better off without it.

Third Aphorism.—Do not prescribe sugar of lead. In every case, zinc, tannin or alum is better, and then there is no fear of having insoluble deposits incorporating themselves with the exposed surface of corneal ulcers.

Fourth Aphorism.—Always use weak solutions of the mineral and vegetable astringents in the treatment of eye inflammations which attack the mucous surfaces and restrict their application to conjunctival diseases exclusively. One grain of alum, sulphate or chloride of zinc, sulphate of copper, or nitrate of silver, in an ounce of water, will, in the majority of cases of conjunctival diseases, do much more good and give much less uneasiness than the very painful five and ten grain solutions which are so often injuriously prescribed by physicians.

Fifth Aphorism.—Solution of the sulphate of atropia, from one to four grains to the ounce of rose-water, is an essential eye-drop in the treatment of acute iritis, to break up newly-formed adhesions. One drop of atropia solution in an inflamed eye is a most valuable means of establishing the diagnosis, whether iritic complications exist or not, and should be used in most cases of eye inflammation to find out whether there are any adhesions of the pupil to the lens.

Sixth Aphorism.—Eresine, in solution of one grain to the ounce of water, is the remedy for purely corneal lesions.

Seventh Aphorism.—When physicians are in doubt as to the character of an eye disease, they should seek a consultation from specialists who are more familiar with the eye diseases than general practitioners can possibly be. Such timely aid often saves the patient a lifetime of trouble.—Drug. Circular.

Atlanta, Ga., has one physician to every 277 of its population.

THE

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., EDITOR.
DR. J. R. CHEANEY, Business Editor
P. O, Box 1208, Fort Scott, Kansas,

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department.

OUR NEIGHBOR.

An unknown friend has been kind enough to forward us a copy of the May number of the St. Joseph Medical *Herald*, for which courtesy he will please accept our thanks. Well aware that the good people of St. Joseph were subject to frequent outbursts of medical journalism, yet, by some means, this, the latest venture, had completely escaped our notice.

During its brief existence of nearly four years, the INDEX has had the extreme pleasure of noting the advent, and, unfortunately, the painful duty to lament the early demise of some half dozen similar efforts, at St. Joe. We have always done the former cheerfully, and should, with pleasure, have extended a similar favor to the *Herald* had the editor favored us with a copy. We are sorry to have to state that, even after assaulting this journal, he has chosen the assassin's method of a stab in the dark, and failed to observe the rules of polite journalism or common decency, by mailing a copy to our address. But good things come better late than nev-

er, and we are pleased to see that the *Herald* has discovered our existence and has even found something worth notice to the extent of devoting the only editorial in the number before us to the INDEX.

All of the *Herald's* predecessors gave fair promises of an enlarged future, and claimed to be the only medical journal in the great west; in the Missouri Valley or in the vast space of territory between St. Louis and the Rocky Mountains. All of them had a fabulous circulation—not counted by hundreds but thousands. All were called into existence by sheer necessity to supply a long felt want, but, alas! all of them met an untimely fate. Too much prosperity (?), we presume, caused an early death.

We hope the *Herald* may escape a similar fate; but we fear that we already see indication of an affection of the spleen, which, unless promptly checked, will soon end its career. We commend the case to the city *physician*! of St. Joseph, whose recent exploit in the administration of Bromide of Potassium, as will be remembered elsewhere, peculiarly qualifies him to administer to a case of this kind.

Our report of the Northwestern Medical Society troubled the *Herald*, particularly from the fact that the reporter failed to mention the secretary and treasurer by name.

In a general way we agree with the *Herald*, but reporters like editors are human, swayed by human passion and prejudice, and applying the *Herald's* criticism to its own pages, we fail to find it stated in its report of the last session of the Missouri State Medical Society, that the committee on credentials or ethics, reported in favor of admitting Dr. Boteler; and about the charge against Dr. Geiger, etc. Why is this? Clearly a case of sin of omission, and in the language of the *Herald*, should be severely condemned.

The criticism on the report of Dr. Tiffany's clinic we can only attribute to the fact that the now defunct medical college did not afford the editor the opportunity to learn the difference between a lecture and a clinic. For his information we will state that the clinical report was revised by

Dr. Tiffany himself. The fact that the report was not intelligent to him is not Dr. T.'s fault, but perhaps should be laid at the door of his alma-mater.

In conclusion, a word to our readers: The animosity of the *Herald* is undoubtedly due to the fact that we have presumed to enter the sacred precincts. We entered this arrangement with reluctance, and only after frequent urging, and if it gives the *Herald* any comfort we will state that the investment has not been a profitable one. This, however, has not been our fault, but has been due to the fact that we put too much faith in human promises.

A FIBROID TUMOR AND A BUCKEYE JURY—SUPPOSED CAUSATION—A NOVEL CASE.

In a breach of promise case recently tried in Mercer county, Ohio, the defense admitted the contract to marry, but set up as a reason for non-compliance the fact that since such contract had been entered into there had developed in the uterus of the plaintiff a fibroid polypous, which unfitted her for the duties of a wife and mother. The reply admitted the tumor, but denied that it interfered with her ability to assume and perform all the duties of a wife and mother; and she further alleges that said tumor was produced and resulted from protracted courtship by the defendant.

On trial the plaintiff showed that the conduct of defendant was such as to cause plaintiff to think continuously and to brood upon her prospective speedy entry into the marital state, and assuming the right and duties of the wife and mother, and that the *fibroid polypus* was the result of such action of the defendant.

The jury gave a verdict of \$3,000. The case is appealed, unfortunately not on a question of causation, else we might obtain a decision from the learned judges upon the much mooted question; the causation of fibroid tumor or polypous. In the meantime the young man of the period should exer-

cise due discretion. If an Ohio jury decides in favor of damages on the alleged ground, he may be called upon to pay doctor bill and damages. In cases where his girl overdoes the ice cream business, extra strips containing this article of suitable size to paste in the hat may be had at this office.

A NEW TREATMENT FOR INTESTINAL OB-STRUCTIONS.

In a recent number of the Medical and Surgical Reporter we find a synopsis of a paper by Dr. C. W. Spicer, on the above subject. He relates two cases—one a four-year-old child with well marked symptoms of obstruction, where the usual remedies had proved useless, and enemas, as is usual, not retained. He injected per anum about three pints of water, at a temperature of 100° Fahrenheit, applying pressure to the anal orifice sufficient to force its retention. At the end of forty-five minutes all peristaltis had ceased. At the end of an hour the child had a natural fiecal evacuation, and was well, and so remained.

In the second case, a child of nine months, he was not so speedily successful, having to repeat the maneuvre three different times, until the obstruction gave way. But finally recovery took place.

He regards both, and with reason, as cases of invagination, and recommends the plan as a substitute for operative procedure. The Doctor's success warrants a repetition. We wish to add but a word of criticism: the method is not devoid of danger, and the injection should be made with extreme care, and never resorted to when inflammation has taken place, as perforation would be apt to occur.

Mr. Spencer Wells has completed his one thousand cases of ovariotomy. Seven hundred and sixty-nine of them recovered. In the earlier part of his career the mortality was thirty-four per cent., later it fell to three per cent.

APPLICATION OF CARBOLIC ACID.

Dr. J. B. Dunn reports (Northwestern Society) a case where a child of four years was found lying helpless and delirious, with a four ounce bottle near, empty, of carbolic acid (95 per cent solution) among his playthings. The doctor saw the child one and one-half hours afterwards, and found him quietly sleeping, pulse and respiration rather slow. On examining the surface he found that instead of swallowing the acid, as was at first supposed, the cork had escaped while in his pocket, and that the acid had run over the entire half of the left loin, entirely encircling the buttock, the skin being very red. He was reported to have been delirious, then comatose, difficult to rouse. The effect had, however, begun to pass off when the doctor arrived, and required no treatment, except the local application of sedatives to the surface.

The State Board of Health of Missouri has commenced it labors. At a recent session, held at St. Louis, some 156 diplomas were verified. A resolution was passed permitting any individual member to verify diplomas, and authorizing the secretary to issue certificates in accordance therewith without a full action of the Board. Our friends in Missouri are to be congratulated of being in a fair way to successfully rid the State of quackery, and we in Kansas may look for an influx of Missouri doctors.

THE CODE OF ETHICS.

It affords us pleasure to be able, this month, to present to our readers what we regard a very clear and concise exposition of the code controversy as it really exists and effects the general practitioner. Dr. Schenck has the faculty of stating the truth in plain terms, which needs only to be read to be appreciated.

THE ST. LOUIS MEDICAL SOCIETY AND DR. POLLOCK.

At the recent session of the American Medical Association, a Dr. Pollock, representing the St. Louis Medical Society, introduced a set of resolutions, is the preamble of which he stated that the code of ethics had accomplished all it could, was antagonistic, etc., etc., and that the said St. Louis Medical Society wished him to have a committee appointed to revise said code. All of which he was not authorized to do, and for which the said society has been pulling his ears.

YELLOW FEVER

Has raged at Vera Cruz, Mexico, and Havana, and several ships have arrived at seaports with the fever on board. Surgeon General Hamilton and the local health boards are using every means to prevent its importation.

CHOLERA.

Sixteen thousand persons are said to have died from cholera in lower Egypt up to August 1st. The disease originated at Damietta, and has spread over lower Egypt. Extreme caution is necessary in Europe and this country to prevent its introduction by shipping.

Dr. L. S. McMurty has retired from the editorial staff of the Louisville *Medical News*, with which he has been connected for the past year. Dr. H. A. Cottell, who was formerly associated in the editorship of the *Journal*, with Professors Cowling and Holland, now assumes the editorship. Dr. C. is an able writer, and we predict the *News* will always be a welcome visitor.

Notes and Miscellany.

CYSTOTOMY IN SUBACUTE CYSTITIS.

Dr. George Elder had a case of subacute cystitis in a female aged seventy-two, which resisted all ordinary treat-For months she had been under medical attendance. There was incontinence of urine, accompanied with frequent desire to micturate, vesical tenesmus, dysuria, and constant burning hypogastric and vulvar pain. The calls to urinate were so frequent that it was impossible to obtain a night's The vulva and contiguous skin were excoriated, and the seat of intense pruritus. There was considerable constitutional disturbance and declension of health. was rather scanty, specific gravity 1018; offensively ammoniacal, and depositing abundantly pus and ropy mucus. Microscopic examination in addition showed the presence of pavement and cylindrical epithelium, a few fibrinous casts and phosphates. Under ether a vesico-vaginal fistula was made, and a winged catheter, attached to a long piece of rubber tubing, was inserted.

The rest given to the inflamed viscus by drainage combined with injections, first of a solution of hyposulphite of soda, and afterwards dilute nitric acid combined with quinine internally, and acidulated drink ad. lib., soon effected a change for the better in her local condition.

She ultimately made a perfect recovery, and the fistula healed entirely. The case is reported in the Lancet, July 7, 1883.—Med. and Surg. Reporter.

HOT WATER IRRIGATIONS IN PUERPERAL HEMORRHAGE.

This method consists, according to M. Richter, (Berl. Klin, Woch.) in the passage into the uterine cavity of a

current of water at a temperature of 40° centigrade. The canula should be introduced on the finger of the accoucheur within the os, and there should be a free issue for the liquid injected, hence the value of a double tube. Before commencing the irrigation, the uterus should be emptied as far as possible by pressure and otherwise of all coagula and shreds of membrane, etc. Then a small dose of ergot by the mouth, or ergotine in hypodermic injection. Finally, the irrigation of water should bear directly on the internal parieties of the uterus, and be continued for from five to eight minutes. The arrest of the hemorrhage is often instantaneous.

DISTILLED WATER FOR EYE LOTIONS.

In the *Practitioner*, Dr. Paul M. Chapman claims that it is not the best vehicle for eye lotions, saying: "I have tried the experiment on myself and and on many of my friends, and the answer is always the same, viz., that the introduction of distilled water into the eye is attended with much discomfort and smarting, while with normal saline there is no noticeable effect whatever.

"The practical deduction is this, which I have also verified, that the addition of $2\frac{1}{2}$ grains of chloride of sodium to the ounce of distilled water renders any lotion intended to be of a soothing character much more beneficial."

We desire to state to the physicians of Kansas and Western Missouri that Dr. J. R. Cheaney, our business editor, is prepared to furnish any kind of surgical instruments or physicians' appliances at reasonable rates; is also handling the Archer Operating Chair, beyond any doubt the best and cheapest in the market. While traveling in the interest of the INDEX will call upon the physicians of South-east Kansas and Western Missouri, with a full line of samples of instruments.

Book Reviews.

The Opium Habit—Its Successful Treatment by Avena Satirva, by E. II. Sell, A. M., M. D.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

As was announced in a former number, the first number of this journal appeared the first week in July. The Journal has not fairly got on its way. So far its contents have been largely the proceedings of the recent session. It presents a handsome appearance. Published at 65 Randolph street, Chicago, Illinois. Subscription price, \$5 per annum.

Dr. J. S. Jewell, editor Journal of Mental and Nervous Diseases, and Professor of Mental and Nervous Diseases, Chicago Medical College, Chicago, Ill., says: "I have used Battle & Co.'s preparation known as Bromidia, and believe it to be as reliable as it is represented to be by its proprietors. I have thus far been pleased with its effects."

We are in receipt of a sample package of Sach. Pepsin, manufactured by the well-known chemist, E. Scheffer, of Louisville. The remedy is already so widely known to the profession that it needs no words of commendation from us. But we would suggest to our professional brethren that they try the pepsin manufactured by Scheffer's improved process.

We call attention of our readers to new advertisements this month, as follows:

Arcner's Operating Chair.

Medical Department University of Louisville.

Anglo-Swiss Milk Food.

The College of Physicians and Surgeons of Chicago.

MINERAL WATERS OF IOWA.

Medical virtues of the mineral waters of Iowa are rapidly becoming appreciated, as the following communication will show:

DEAR SIRS:—I find the following in your advertising pamphlet:

"Our magnetic rock spring is 335 feet deep, and has a flow of 5,000 gallons in twenty-tour hours."

I note this paragraph also:

"Our magnetic rock spring water cures rheumatism, dyspepsia, liver complaint, constipation, dropsy, paralysis, St. Vitus' dance, delirium tremens, diabetes, stone in the bladder, blood diseases, scrofula, ulcers, female weakness and general debility."

I do believe that this is what is the matter with me. It reads just like my symptoms. Therefore, please send me, with bill, one barrel of your magnetic water, and if I like it I will take the rest.

Also, please instruct me as to dose—for adult. Also, what do you put with it? I mean, what do you put with it to divert your mind from observing that you are taking medicine? Will it go with temperance beverages? I mean soda water, lemonade, panada, milk, whisky, and such things. I am thus strict because I am a grandson of temperance, my father having been a son of temperance. Temperance is deeply imbedded in our family. It is for this reason that I ask, and repeat, will it go with temperance beverages?—will it go with the moistures I have mentioned? If with whisky, what proportion of the water is best, combined with what disproportion of whisky?—for an adult, as remarked before.

Yours, in alert expectancy,

MARK TWAIN.

P. S.—The order is genuine, anyway. The rest of the screed—now that I come to read it over—appears to wander from the point in places.

M. T.

-Iowa State Medical Reporter.

INJECTIONS OF COROSIVE SUBLIMATE IN GON-ORRHCEA.

Dr. Leistikoff confirms the statement of Neisser as to the presence of a special bacterium in gonorrheal discharges. In the first stage, when the discharge is thick and abundant. few of the bacteria can be seen. They are found in great numbers in the thin secretion of the later stages, in some cases lasting a year. Leistikoff employs an injection of corrosive sublimate, which Koch has found fatal to bacteria; a solution never stronger than 1 part to 20,000; in private practice, a still weaker solution of 1 part to 30,000. injections are used three times a day, and continued three or four days after discharge has ceased. The bacteria disappear or are greatly diminished in number, after one day's use of the injections, but return if the latter be discontinued too Treatment by injections should not be begun until the accute inflammation has subsided.—London Medical Record

INFLUENCE OF FOWLER'S SOLUTION UPON THE HÆMOGLOBIN IN THE BLOOD.

From an investigation made to determine the effects of the medicinal administration of some remedies upon the proportion of hæmoglobin in the blood, Dr. Fenoglio, of Turin, concludes that the iron preparations vary considerably in their effects; Fowler's solution increases the hæmoglobin, and this becomes more marked the longer it is given. In spite of the general opinion to the contrary, the administration of Fowler's solution is indicated in the anæmia, chlorosis, and in general in all conditions in which there is a decrease in the hæmoglobin, for the influence of this agent is very evident in increasing the proportion of the hæmoglobin, and, furthermore, its use increases the appetite and produces a general improvement in the bodily appearance and condition.—Medizin Janrbucher.

ERGOT TO PREVENT THE TOXIC EFFECTS OF THE SALICYLATES.

Schilling, in a recent memoir (Ærtzl. Intelligenblatt, 1883), states that he has observed, after the administration of rather strong doses of the salicylates, (3 iiss. per diem, 3 ij to iij. in all), lasting troubles of audition, the tympanum being thickened. Another patient who took on two consecutive days the massive dose of thirty grains of sulphate of quinine, became subject to ringing in the ears with marked deafness. It is not at all rare to observe these troubles of audition after the administration of large doses of salicylates or of sulphate of quinine; they are attributed to hyperemia, brought about by the vaso-paralytic action of the remedies. To obviate this vascular paralysis, Mr. Schilling has the idea of administering ergot in connection with these drugs:

Ry. Ergotine, gr. xv. vel Ext. ergot. fl. in proportionate dose. Sodæ salicylat., 3 iiss. Aquæ, 3 vj.

M. S. Tablespoonful every hour.

Out of eighty-seven patients who took the salicylates in this form, three-fourths did not suffer at all from ringing in the ears. In the same way nine others took sulphate of quinine, one gram to one and a half of ergot, without any troubles of audition. It would seem also that this association of quinine and ergot prevents the development of the amplyopia, which sometimes supervenes after the administration of large doses of quinine.—Medical and Surgical Reporter.

We are under obligations to the well-known house of Parke, Davis & Co., of Detroit, Michigan, for a nice line of physician's samples, among which we notice chlor-anodyne, and judging from the formula, it must be an improvement on the well-known remedy chlorodyne. As a anodyne, antispasmodic and carminative, we commend it to the profession.

Dr. Charles H. Miller, of Peabody, Kansas, writing in the August number of the *Therapeutic Gazette* on "The West as a Field for Locating," concludes his paper as follows:

"The lesson I wish to impart by all this is to the younger members of the profession—the recent graduates who are looking toward the West for a field for locating - and consists of this moral: Endeavor to be contented where you are, whatever your condition, though your daily bread may come by exceedingly gradual, slow degrees, and you cannot marry the girl of your choice for five long summers at least. If the community in which you are situated will tolerate you by any compromise possible, you will find your own particular locality just as beneficial to your asthma, bronchitis or dyspepsia as the plains of the far West. 'struggle' in all probability will be just as prolonged and as severe there as at home, and may cost you more money and real suffering. Taking into calculation the expenses of a month's travel over the highways and byways of the West, and the amount incurred in 'freezing out' a half dozen of your brethren located on the same 'claim' as yourself, you can outlive your village rival by a handsome margin, do nothing for a year or two, and yet 'come out ahead' financially where you are."

The doctor brings out his point well, and we are sorry we we cannot give the letter in full. He, however, overlooks the tact that the State Board of Health law of Missouri now is in effect, and Kansas, at least, may expect a large influx of doctors from Missouri.

MARRIED.—NELSON.—Nelson.—On the evening of July 25th, at Elmira, New York, Dr. Edwin M. Nelson, of St. Louis, Missouri, and Emily A. Nelson, only daughter of D. B. Nelson, of Elmira.—Courier of Medicine.

Dr. Nelson is the accomplished editor of the St. Louis Courier of Medicine. We extend the well wishes of The Index.

THE

Kansas 🛢 Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4. FORT SCOTT, KANSAS, SEPTEMBER, 1883.

No. 9.

Original Communications.

NEWPORT'S WATER SUPPLY.

REPORT UPON THE WATER OF EASTON'S POND (THE PUBLIC DRINKING SUPPLY), AT NEWPORT, R. I.

To the President and Council of the Newport Sanitary Protection Association:

I have the honor to report, concerning the condition of that portion of Easton's Pond, that supplies the water for the city, as follows:

According to Mr. Bell's soundings, the upper end of the pond, equaling roughly one-tenth of its area, has a depth of less than six feet, and of this nearly one-half, or one-twentieth of the whole, is less than four feet deep. The rest of the pond, excepting a marginal belt, about one hundred feet wide, is generally more than six feet deep, and averages, perhaps, eight feet.

The bottom, under a large part, is coze, as is shown by the ease with which a stick penetrates it. Mr. Bell found the depth of the coze to be from six inches to ever twelve feet. Roughly speaking, this coze underlies the whole of

the area. It is deepest under the deepest water. To determine the nature of this coze somewhat more nearly, I had a tube with a valve sunk into it, under about six feet of water, and obtained a sample of the upper two feet. When first taken, this was a bluish-black, slimy substance, without odor. Boiling developed the odor observed at the faucets in summer, an odor of dandelions, and identical with the peculiar odor of water distilled from the city supply.

21.02 per cent.

It contained, thus, about 21 per cent. of organic matter. Dr. Gooch's analysis shows it to contain:

.855 per cent.

It is chiefly from this underlying mass of ooze that the water takes up the large amount of organic matter shown by all the analyses.

We cannot say that decomposing vegetable matter is in itself injurious. We know that the water of swamps, in the forests of Maine and Michigan, is drunk with impunity. On the other hand, the water of Southern swamps and shallow ponds is unsafe, and the atmosphere about them is charged with malaria. It is not unlikely that the relative safety of the swamp and shallow waters of the North and South is a question of temperature; the northern waters having, in summer, too low a temperature to permit the development of the microscopical low forms of plant life, that cause the malaria, while they are rapidly generated in the warmer Southern waters.

We are here in a climate that stands between that of the North and that of the South. With us it depends much on the depth of ponds, whether they resemble in summer more the Northern or the Southern type.

The most favorable temperatures for the development of

the bacteria of alcoholic fermentation and of nitrification, range between 77° and 99° Fahr. But these processes go on, though more slowly, at temperatures above 50°

I do not know the temperature of Easton's Pond during the summer, but in lakes having a depth of over twenty feet in this latitude, the range of temperature is frequently between 60° and 70° Fahr. for the surface water, and from 4° to 5° cooler at twenty feet depth, while at seventy feet or deeper the temperature ranges between 45° and 55° Fahr. On the edges where the water covers broad margins with a shallow depth, the temperature under the summer sun will rise much higher, according to the depth and transparency and the color of the bottom. In such shallow places in this climate the water is sure to rise to a degree of warmth that would render active the development of these ferments. We do not know exactly the range of temperature that is most favorable to the development of the germs of the injurious bacteria; but since we find malarial fever spreading in our latitude and taking foothold in the stagnant and shallow waters, caused by dams, canals and embankments, it is evident that the temperature is only too favorable at those points.

Should malarial fevers take foothold in this pond, the danger would be increased many fold by the presence of a broad, shallow margin. Not only would this, by its higher temperature, render possible a rapid development, but it would become the sole means of communicating the germs of disease to the atmosphere. For during the summer, owing to the diminished rainfall, and to the greatly increased consumption of water, the surface of the pond is depressed, and there is left dry a broad margin, or none, according as the slope left dry is flat or vertical. Now, the experiments carried on by Dr. Smyth and myself for the National Board of Health have proved conclusively that neither bacteria nor their germs can pass from the water into air, except by the transformation of the water into spray, or by the bursting of bubbles, or by evaporation to dryness. And this is

where the great danger lies. The drying of the margin, left bare in the summer, leaves the malaria-producing germs, when present, dry and ready to be floated away on the gentlest air currents.

Almost the whole area of the catch basin of this pond is occupied by farms which are regularly manured. Much of the manuring is done before the frost is out of the ground, and the early rains, therefore, wash a vast amount of agricultural drainage into the pond. A large part of the night soil of Newport is also spread on the surface of this area.

In this connection I will mention a revolting evil that can be easily remedied. Where the road crosses the brook at the head of the pond there is alongside of the bridge a ford. A gentleman has told me that it is the practice of owners of night soil and manure carts to wash out their carts into this tord. It is, of course, easy to prevent this by closing the ford, and it should be done at once.

There are thus three markedly serious conditions affecting the purity and wholesomeness of this water supply, and bearing upon the sanitary relation of the pond to the surrounding country.

I.—The large amount of ooze at the bottom and on the sides. This can be remedied by dredging, as has been done in other and deeper ponds, notably at Fresh Pond, near Cambridge, Mass.

II.—The shallowness of the margin—an evil which it is proposed to increase, or at least maintain, by raising the surface and overflowing the boundering lowland. This can be remedied partly by dredging and partly by surrounding the pond with an embankment, the sides of which have a steep or vertical slope, extending to below the lowest water mark. By raising the pond three feet, a depth of over ten feet would be obtained everywhere except along a marginal belt about one hundred feet wide, and here, by excavating a cross-section of about seven and a half square yards, a depth of six feet would be assured.

III.—The inflow of agricultural drainage from the manured fields of the catch-basin.

This is a very serious matter, and one which may perhaps be of a cumulative character. The remedying of this trouble is hampered by the vested rights of the farm owners; but in some manner the difficulty must be overcome. It might be largely mitigated by carrying out the plan proposed by Capt. Cotton, viz., the construction of a dyke near the upper end of the pond, and an intercepting drain starting above this, and so arranged that the flow at any given period could be diverted and carried around the pond. Then, by restricting the use of manure wholly to the period following the melting of the snow and the heavy rainfall of early spring, which fill the pond, the wash of agricultural drainage would be diverted.

Perhaps the evil might be met by the use of only chemical fertilizers.

At all events, the use of night soil anywhere within the area of this catch-basin should be strictly prohibited.

The problem of the water supply is affected by the natural limitations, the interest of the community, the vested rights of the owners of the catch-basin and those of the water company.

The well waters of Newport are generally polluted to an extent that renders the use of well water for drinking at all times a matter of risk. A similar risk may attend the use of cisterns that are not known to be perfect as regards walls and surroundings.

The City Water Works offer the only remaining source of supply. This water, to the present time, has been unquestionably safer than the water of the city wells; but the conditions are not those of safety, and some features are revolting. Moreover, the rapid progress that sanitary ideas are making in the civilized world is causing people to demand a high standard, and the elimination, not only of features that are known to be dangerous, but of those which while revolting to the imagination, are also open to suspicion.

It is probably for the city or the State to deal with the question, in so far as it affects the vested rights of land-holders.

The water company is hampered by certain natural limitations, which prevent it from giving to Newport a supply of perfect water, but I think there is little doubt that the enterprise and public spirit they have hitherto shown will lead them to do all in their power towards removing the remaining evils as soon as the completion of the Paradise Pond shall make it practicable to work in Easton's Pond.

The changes that seem to be demanded in the interest of the consumers of city water, and which I should rate in the following order as regards relative importance, are:

I and imperative.—The exclusion of night soil from the catch-basin.

- II.—The restriction of the period of application of stable manure to the period immediately following the storage season in the spring.
- III.—Establishment of a steep slope around the pond, to prevent the alternate overflow and drying of a marginal belt.
- IV.—The removal of vegetable mud whereever the water is less than ten feet deep at high water.

V.—The removal of vegetable mud at greater depths.

Respectfully submitted,

RAPHAEL PUMPELLY.

Newport, R. I., May 7, 1883.

-[Sanitarian.

OXYTOCIC ACTION OF QUININE.

The oxytocic action of quinine having been called in question recently, Dr. U. Hartigan, of Hong Kong, writes to the British Medical Journal to say that he has found it increase the menstrual flow, and that in doses of 3 to 5 grains it causes "labor pains," whilst a dose of 10 grains produces abortion. He has also learned that the Chinese take it for the purpose of producing abortion, following its use by copious draughts of tea. Quinine is so commonly resorted to as a domestic remedy for neuralgia that it is well this action should be as widely known as possible.

SPASMODIC CONTRACTION OF THE URETHRA SUCCESSFULLY TREATED BY GALVANISM.

BY DR. W. A. LEIGH, HIGHLAND, KANSAS.

The patient, a young man twenty-three years of age, had been guilty of gross excesses, though thus far there had been no notable diminution of sexual power. One night however, while in the act of sexual intercourse, he was attacked with an intense pain in the rectum, and surprised by the non-emission of semen. The pain was of such an agonizing character that syncope was the immediate result, and he did not recover from the shock for more than an hour after the occurrence. For several days thereafter he was afraid to make further attempt at sexual intercourse; but finally his desires overcame his discretion, and again there was the intense pain in the rectum and the non-emission of semen, with all the subsequent phenomena which characterized the former attack. The following day he came to me for treatment.

In answering my inquiries, he informed me that he had passed a full stream of urine ever since the first attack, and that he had never suffered from gonorrhoea or any other venereal disease. On examination, with sounds, I found that there was no evidence of a stricture; I therefore came to the conclusion that it was a spasmodic contraction of the urethra and of the muscles of the perineum, which prevented ejaculation of semen. Repeated examinations convinced me beyond a single doubt that there was no organic obstruction of the urethra, and the fact that there had never been any difficulty in passing urine was of itself sufficient evidence on this point; but to make it absolutely certain that there was an ejaculation of semen, which, however, failed to reach the meatus, I obtained a specimen of urine he passed immediately after the act of intercourse while under the influence of one of his attacks, and on examination of sediment with the microscope it was found to consist almost entirely of se-

men, with the normal proportion of spermatozoa, dead, however, from the influence of urine. It was very certain therefore that the patient was suffering from a spasmodic contraction of the urethra, which closed the canal and caused the seminal fluid to be thrown back into the bladder.

I treated him by galvanism. A urethral electrode was passed down to the veru montanum every day while he was exposed to the afflection, and a current from ten of Hill's gravity cells was passed through it to another electrode introduced into the rectum. This was done for about five minutes at each proceedure, at the same t me and during the intervals of health the bromide of sodium was administered in doses of fifteen grains a day. The treatment was continued for fifteen days, and at the end of that period he made an attempt at sexual intercourse, with successful ejaculation of semen and without pain.

THE MEDICAL VOYAGE OF LIFE.

First year: icterus neonatorum, hyperkinesis, intestinalis, Second year: dentition, croup, cholera inand vaccination. fantum and fits. Third year: diphtheria, whooping cough, Fourth year: scarlet fever, worms and and bronchitis. Fifth year: measles. Now half the children meningitis. are dead. Seventh year: mumps. Tenth year: chorea and typhoid fever. Fifteenth year: hyperæsshesia sexualis. Sixteen year: spermatorrhea, chlorosis, and spinal irrita-Eighteenth year: blenorrhœa urethralis. Twentieth year: bubo, alcoholic cephalalgia, vertigo. Twenty-fifth year: matrimony. Twenty-sixth year: insomnia de infanto. Thirtieth year: dyspepsia, nervous asthenia. Thirty-fifth year: pneumonia. Forty-fifth year: lumbago, presbyopia. Fifty-fifth year: rheumatism, alopecia. Sixtieth year: amnesia, deciduousness of teeth, bony arteries. Sixty-fifth year: apoplexy. Seventieth year: amblyopia, deafness, anosmia, general dyskinesis, atonic digestive tract, rheumatismut deformans. Seveniy-fiifth year: finis.—Exchange.

Correspondence.

PLAGIARISM.

EDITOR INDEX: In the September number of THE INDEX for the year 1882, and on page 233, commencing at the eighth line, and continuing on to the end, is what seems to be a mangled quotation of the summary of Sir James Paget's inaugural at the International Medical Congress of the year 1881, which is to be found in the September number of the St. Louis Courier of Medicine for the same year. Most of the readers of THE INDEX will also have the Courier, and can make a comparison of the article reterred to; but for those who may not have the Conrier, a few quotations from each will be given.

Paget—The science of medicine, which used to be praised as one and indivisible, is broken up, they say, among specialists, who work in conflict rather than in concert, and with mutual distrust more than mutual help.

Lee—The science of medicine, formerly praised as one and indivisible, is in a manner broken up by specialists, who operate in conflict rather than in concert, and with mutual distrust more than mutual help.

Paget—And then let us always remind ourselves of the nobility of our calling. I dare claim for it that, among all the sciences, ours, in the pursuit and use of truth, offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, ntility and charity. These three, which are sometimes in such lamentable disunion, as in the attractions of novelty without either utility or charity, are in our researches so combined that, unless by force or willful wrong, they can hardly be put asunder; and each of them is admirable in its kind.

Lee-As members of the society, let us remind ourselves

of the nobleness of our calling. I dare claim for it that, among all the sciences, ours, in the pursuit and use of truth, offers the most complete and courteous union of essential qualities which have the greatest charm for pure and active minds. Novelty, utility and charity are intimately combined in our everyday intercourses with our fellow man, that unless by force of willful wrong they can hardly be seared. Each of its qualities are admirable in its kind.

Paget—For in every search for truth we cannot only exercise curiosity, and have the delight—the really elemental happiness—of watching the unveiling of a mystery, but on the way to truth, if we look well around us, we shall see that we are passing among wonders more than the age or mind can fully appreciate.

Lee—In every search for truth we cannot only exercise curiosity, and have the delight, the really elemental happiness, of watching the unraveling of a mystery; if we look round us we will readily see that we are passing among more than the age of mind can fully appreciate.

Paget—In every truth attained there is utility. Either at hand or among the certainties of the future.

Lee—In every truth attained there is utility either at hand or among the certainties of the future.

Paget—And this utility is not selfish; is not in any degree correlative with money-making.

Lee—This utility is not selfish; is not in any degree correlative with pecuniary requirements.

Paget—We had better not compete where wealth is the highest evidence of success.

Lee—We had better not compete with wealth, which is the highest evidence of successful speculations.

Paget—We can compete with the world in the nobler ambition of being counted among the learned and the good, who strive to make the future better and happier than the past.

Lee—The truly honest physician can compete with the world in the nobler ambition of being regarded among the learned and the good, whose object should be to make the

future better and happier than the past.

Paget—And to this we shall attain, if we will remind ourselves that, as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth, utility, so in every use of it there may be charity.

Lee-And to this end we shall attain if we remind our. selves that, as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth, utility,

so in every use of them there may be charity.

So I might quote for ten lines more, but those who have

the journals mentioned can compare for themselves.

Such another example as the above of mean literary theft would be hard to find. Not only does the plagurist assume the authorship of another's words, but by changing a word here and there, or by rendering compound into simple sentences, and other such bungling tricks, he endeavors to obliterate the identity of the original and screen himself.

How any gentleman or "truly honest physician" could attempt the perpetration of such a fraud as this upon a society composed of those who are regarded as "among the learned and the good," is truly astounding, and proves him to be unworthy of such fellowship, and much less worthy the exalted position of their president.

The Southeastern Kansas Medical Society has much reason to be proud of its recent presiding officer, and THE MEDICAL INDEX of its valuable contributor to "Original Communications." Echo.

SOCIETY REPORT.

The South Kansas Medical Society met in Wellington, Tuesday, September 4th, with President Boyd in the chair. There was a fair representative of members present. Several physicians of Summer county were admitted to membership. All fines that had been assessed were remitted, and those paid were ordered credited on annual dues. amendment changing the meetings to two each year, was adopted. The society will hereafter meet on the first Tuesday of May and November.

Dr. Oliver read a poem, "Dr. Celibacy's Courtship," which was referred to the publication committee and ordered printed in the INDEX. Other subjects was discussed but the meeting was principally a business one. meeting will be held in Wichita, Tuesday, November 6, '83.

T. J. MILLER, Secretary.

Selections from Journals.

PREVENTION OF INSANITY—HEREDITARY IN-FLUENCES.

From a paper by Nathan Allen, M. D., of Lowell, Massachusetts, in the *American Psychological Journal*, we extract the following:

"No fact connected with insanity is more firmly established than that it largely originates directly from inherited tendencies; and, if we include all weaknesses, impertections, and diseases arising from the same source, it may be found that more than half the insanity of the present day can be traced directly or indirectly back to hereditary sources. By careful study and observation it is not difficult to discover the physical differences and hereditary tendencies in the families here described.

"Let it be understood, more and more, that disease and insanity come mainly from inherited causes; let young men and women become thoroughly acquainted with such facts, and it must lead to greater carefulness in forming matrimonial alliances.

"When the community is generally informed on this subject, inquiries will at once be made as to the health, constitution, and the inherited tendencies of candidates for marriage. Such inquiries are already made in a quiet way, and they must increase, in the very nature of things.

"In the prevention of disease and insanity, then, heredity has a powerful influence.

"There is such a thing as a normal standard of physiology, where the structure and functions of all the organs of the body, including the brain, are well-nigh perfect. With such organizations to start with in life, how would disease and insanity diminish! And just in proportion as we find or-

ganizations approximating to this standard, do we find less disease of body and mind. It is true, the environment, the circumstances, the habits and employment of individuals, have a powerful influence on their health and mental development. All these things may unfavorably affect, to some extent, those having naturally the best organizations; but their effects would not compare in extent or magnitude with the evils growing out of weak, diseased and ill-balanced organizations.

"The fault does not arise merely from the want of soundness in structure or health of function; but often from the
want of balance and harmony in action. This is the starting
point, not only of a great deal of disease but of much mental
derangement. If there could be a more perfect blance or
harmony in the exercise of all parts of the body, including
the brain, it would prevent a vast amount of disease and insanity. It might take two or three generations to bring
about these changes, but they would assuredly come, provided the proper means were used. Such changes would
constitute a radical and permanent improvement."

"Causes of Insanity.—In the last quotation from Sir James Coxe, is a summary of the primary causes of insanity, from one who had made the subject a special study for over twenty years. Says Sir James, the leading factors are 'dissipation in its various forms, overwork, meagre fare, lack of ventilation, and neglect of moral culture.' It will be seen that each one of these covers a great deal of ground. Passing by the last point—neglect of moral culture—the other four constitute the chief sources of disease of all kinds, some of which terminate in mental derangement. But nearly all of the great agencies, productive of so much disease of the body and mind, are subject to human control, and can be more or less checked, if not entirely prevented.

"The first named, dissipation, is a fruitful source of insanity. This may consist in drinking habits, in the use of tobacco and opiates, or in the abuse of the sexual organs, by licentiousness and solitary vice. These evils are all the

result of voluntary acts, the work of a free agent: and so they can be prevented.

"Overwork of body or mind not infrequently brings on mental derangement.

"Meagre fare and bad air are evils which multitudes of poor people cannot always escape. Neglect of moral culture is an evil directly connected with the choice of individuals, and the state of public morals. It is a sin or an evil which can be corrected, wherever the fault may be, and there certainly can be no necessity or justification for any neglect. Dr. Henry Maudsley, the distinguished foreign alienist, speaks on this point as follows:

"It is to the perfecting of mankind by the thorough application of a true system of education that we must look for the development of the knowledge and the power of self-restraint, which shall enable them not only to protect themselves from much insanity in one generation, but to check the propagation of it from generation to generation. Unhappily, we are not yet agreed as to what should be the true aim and character of education. Regarding the subject from a scientific point of view, the best education would seem to be that which was directed to teach man to understand the nature which surrounds him, and of which he is a part and a product, so as to enable him, as its conscious minister and interpreter, to bring himself into harmony with nature in his thoughts and actions, so as to promote the progressing evolution of nature through him, its conscious self.

"Dr. Maudsley, here speaking of 'perfecting mankind,' says that it cannot be done till we have s 'true system of education.' The only way it can be done is through the body and the brain, and to do it we must also have some standard before us, some guiding principle to aid us. As to the 'propagation of insanity' by hereditary influences, how can we understand the laws of inheritance unless we have some standard in physiology? When the laws of this science are fully understood, it will be found that the most

powerful agencies for preventing insanity lie in this direction.

"Again: it is well understood that the most favorable time to cure insanity is in its first stages; on this account, it is constantly urged that all insane persons, just as soon as any marked symptoms of the disease appear, should at once be sent to a lunatic hospital. This counsel has generally prevailed in acute and violent cases, but in the milder forms of the disease the friends frequently object and delay. It is a great step to take; there are certain forms of law which must be complied with; then, the dread of its effect upon the patient, the trouble attending the removal, and the anxiety about the situation and treatment of the patient in the hospital, etc.,—all these things cause delay, sometimes for weeks and months, and may prevent the patient from going until the acute stages of the disease are passed. The complaint is often made by superintendents that large numbers are sent to the hospital who cannot be cured, because they came too late. This is given as one of the reasons why the rate of cures is so small; for, taking all admitted into our hospitals, only about forty per cent., on an average, actually recover."

CONTAGION OF PHTHISIS.

At the International Congress of Hygiene of Geneva, Professor Carradi read the following conclusions:

- 1. The belief in the contagion of phthisis dates from the most remote antiquity, and held its ground not only in the opinion of the vulgar, but as a scientific doctrine.
- 2. In the second half of the last century this belief reached its apogee, probably because the disease assumed a frequency unknown in the past. In most places, the State was obliged to intervene and take measures in the interest of the public health, with the hope of impeding the deffusion of the contagion.

- 3. In the first half of our century, on the contrary, the doctrine of contagion lost ground; anatomy and pathology being in the ascendant, ethology suffered.
- 4. In the last few years only has experimental pathology again taken up the question, endeavoring to give to the doctrine of contagion the support of experiments on the inoculation of tubercle. Further, it is believed possible to demonstrate that the poison is represented by a bacillus.
- 5. The problem so clearly put by experiment must be solved by clinical observation. To pathology it belongs to reconcile this doctrine with the fact of predisposition and heredity.

6. But if contagion and transmission be possible, the

conditions yet remain to be determined.

7. Meanwhile, hygiene must comport itself in regard to phthisis as it would be with a suspected malady, that is, one capable of being communicated or transmitted under certain circumstances.

8. Especially must it consider the conditions of cohabitation. If cohabitation be less constant and intimate, there will be less risk run, and the exhalations of the sick, which, apart from any specific action, undermine the health and predispose to phthisis, will be avoided.

9. Although it is not certain that tuberculosis can be communicated in articles of food, it is nevertheless prudent

to avoid the flesh and milk of phthisical animals.

10. It is necessary to exercise great care in the choice of vaccine lymph, whether from the calf or humanized.

11. The institution of special hospitals, or at least of

special wards, is strongly to be recommended.

- 12. The results of new studies and researches, undertaken with the scope of determining the conditions and means of transmission of tuberculosis, will indicate the more special prophylactic measures it will be necessary to take.
- 13. Whatever opinion is professed as to the nature of phthisis pulmonalis, no one doubts the great advantage the resistance of the organism has in the struggle; and therefore one of the greatest obstacles to the diffusion of this scourge of civilization is to be expected from the practice of hygiene, which assures the moral and physical well being of the population.—London Medical Record.

THE CONTAGIOUSNESS OF DIPHTHERIA.

From the *Therapeutic Gazette* for September we clip the following communication:

"I would like to communicate the following few facts of a case of diphtheria, which occurred in a family only one house from me, as tending to establish the contagious nature of the affection:

"A sister of my neighbor's (Mr. M.) wi'e came to their home on Thursday morning, June 21, 1883. She had, some little time before, lost a child with diphtheria, and had a little son with her who had had the diphtheria, light, a little less than two weeks previously. He still had running at his ears and some throat trouble. Mr. M. had five children, ages from three to twelve years, one of whom was away from home with his father. The next Sunday, June 24, one child was taken, and on Monday the remaining three at home were taken with diphtheria. The one taken first died on the 28th. and two of the others on the 29th. The other one is convalescing. The one away from home came home Sunday afternoon, June 24, and only remained long enough to eat his supper, the visiting boy being around him at the time. On Thursday, the 28th, he was ailing, on Friday was worse, and on Saturday his disease was pronounced diphtheria, and he was taken home, and on the next Friday, July 6, he died.

"I thought a case of the kind, where there was so much positive information, should not be lost. It seems to me to prove that the disease is contagious or infectious, as there was no diphtheria in the vicinity before or since these children had it. The child who took it last left home on Wednesday, June 20, and was only home for a few minutes on June 24, when he went to his aunt's in another part of the city. It also proves the period of incubation in these cases to have been about four days, especially in the last case. Of course, in the first cases it may have been from one to three or four days.

H. M. Dean, M. D.

A THERAPEUTIC WARNING.

Some physicians seem to be afflicted with a form of disordered cerebration, to which might be attached the term salycilimania.

As so often happens when some new and truly valuable remedy is given to the profession, there are some who seem to lose their reason, and rushing headlong into the reckless use of these really beneficent articles, bring them into disrepute, just as abuse has so dismissed the use of venesection. Salicin and salycilic acids are unquestionably among the most valuable articles in our materia medica, but for all this, they are drugs, and all drugs must be handled cautiously, else they are potent for harm.

A case of simple uncomplicated rheumatism with a fatal termination, is reported in one of our recent English exchanges, and a correspondent, commenting on the case, hints very broadly that the death was rather due to maltreatment

than to the disease.

That there was much ground for this criticism will seem evident when we learn that fifty grains of salicin were given every two hours, and after three hundred grains had been taken, it was ordered to be continued every two hours, if not asleep.

The next morning sixty grains of salicin were directed to be taken every second hour, and on the next to be continued,

and about a minute before midnight the patient died.

The correspondent says: "As the only fatal case of rheumatic fever which has occurred in my practice of nearly forty years was treated with moderate doses of salicylate of soda, and I have recently heard of another, it seems very desirable that some notice should be taken of the case just reported in the *Lancet*, and a warning given to the medical

practitioners who prescribe the drug.

It would seem that we are destined to find in salicin and its compounds, remedies equal in therapeutic value to quinine and morphia, but like these two drugs, it must be used intelligently. It might be said that when used in about the same doses as quinine, we will be on the safe side, but when one resorts to such mammoth quantities as those indicated above, he had better be sure that there is a coroner near at hand.—Medical and Surgical Reporter.

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Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., EDITOR. Dr. J. R. CHEANEY, Business Editor P. O, Box 1208, Fort Scott, Kansas,

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department.

THE MISSOURI STATE BOARD OF HEALTH.

The feasibility of good men of all schools of medicine uniting and making common cause against quackery, and in favor of intelligent medicine, or rather insisting that men who profess to practice medicine—who solicit that human lives may be placed in their care to preserve during sickness, is undergoing a fair trial in the great State of Missouri at the present time. And as all eyes in the past few years have been turned toward Illinois and West Virginia, so again our warm wishes go with the Board of Health in Missouri.

The good accomplished in the two former States, we confidently predict will find its echo in our grand neighbor; and unless we mistake the temper of its physicians and citizens, the time is not far distant when incompetent men will not be permitted to practice their wiles within her borders.

While we envy Missouri her good fortune in thus securing at one session of the legislature what we here in Kan-

sas have been trying time and again to accomplish, but always failed, it may not be out of place to ask why such failures bave occurred in the past, and perhaps offer a few suggestions for future use.

The first law passed by our State legislature was good enough, only that it provided too many boards, and too many members of the boards. 2d. It recognized distinctions of schools, instead of admitting and claiming that that there were but one class of physicians, such, namely, as were properly qualified by education; and further, that such education furnished the only presumptive evidence of qualification. If such be made the distinctive basis, good and true men might unite as they have done in Missouri, and secure measures and carry them out, too, which would inure to the benefit of all.

The Missouri board is a mixed board, consisting, we believe of seven members, with Dr. Gregory, of Missouri, as President, and Dr. Hearne, of Hannibal, as Secretary. The regular profession having four, Eclectic two, and Homeopathic one member. In this capacity they act as citizens appointed by the Governor to carry out certain measures of law, and their belief as physicians, politicians or Christians does not make any difference, and herein lies the secret of success.

Their labors so far have been successfully seconded by all physicians in the State, and we unite with them in well wishes for their future success.

Under a Cloud.—Among the diplomas refused recognition at the recent session at Kansas City, were the well known Buchanan diplomas of Philadelphia; the Vitopath, of Cincinnati, O.; the Northwestern, of St. Joe, Mo.; Hospital Medical College, of Kansas City; St. Louis Eclectic, and our friend's boarding school at Joplin, "the College of Physicians and Surgeons." Other colleges have been rejected, and some others will be as soon as their diplomas are presented.

BITTERS.

Consumers of Hostetter Bitters will be glad to know, that what has been dished out for years to them as bitters made from pure Holland gin has recently passed under the scrutiny of Internal Revenue Commissioner Evans, and been classified as an alcoholic beverage, and retailers are to be subjected to the revenue retail tax.

The firm refused to disclose the formula from which it is manufactured and the aid of a chemist had to be called in to ascertain its composition which was found to be as follows:

> Absolute alcohol - - 32 per cent. Water - - - - 64 " " Extracts (only) - - 4 " "

Clifford Richardson, the chemist, states that it is made from a strong alcoholic liquor flavored with some essential oils, and contains a small quantity of some bitter extract, such as gentian or cinchonia, &c. The Commissioner readily decided that as the bitters contained no deleterous drugs and something above 65 per cent. of proof spirit, that they were simply redistilled goods, and classifiable as such.

This decision if sustained ought to put a stop to some of the vilest frauds, that have disgraced the American drug market for years.

Under the saintly grab of a medicine the market have been flooded for years. Man and woman swallow them by the tub full under the belief or pretext that they are taking a tonic, a digestive, &c., when they either or do no good are positively injurious.

When a man steps openly before a saloon barand calls for his drink, he has some idea, that he is taking intoxicating drinks. He may drink to keep warm or because it is warm, yet he knows, that if he takes too much it will do harm.

But the bitters are taken under the dim delusion, that they are a medicine, and yet to get a single dose of medicine, one has to swallow a tub full of the vile stuff.

A rich corporation by some manner or another has for years had this stuff, classed as a medicine and we are glad to see Commissioner Evans take this stand.

DANGERS OF UTERINE MANIPULATION.

The Dangers Incident to the simplest Uterine Manipulations and Operations, are pointed out by Dr. Geo. J. Engelmann, St. Louis, Mo., before the Missouri State Medical Society, after citing a number of instances, he concluded as follows:

"I trust that the object of this paper will not be misconstrued. It is not to prevent the physician from informing himself of the condition of his patents by every means at his command, or to deter him from resorting to the knife when it may be the means of relief to an anxious sufferer but it is to warn the surgeon that his examinations, that the simplest and most trivial operations, are fraught with danger; in short that every, even the slightest, interference with the female sexual organs must be well considered and most judiciously undertaken, and then only after the exclusion of certain physiological and pathological conditions.

I have thought to confirm the caution of the experienced, though ridiculed by some, and to warn the meddlesome and thoughtlessly rash, and more especially since "a sudden madness seems to have seized a large portion of the profession to become specialists in gynecology," to quote the words of an eminent specialist who is in a position to know

"These lines have not been penned in a spirit of timidity, or in a moment of discouragement." I have never hesitated to undertake any operation which a conscientious man would dare venture upon, and I have at this moment two patients lying in St. Louis upon whom I have performed abdominal section—from one I removed two ovarian cysts and five or six cysts of the liver—yet both are recovering without a palpable elevation of pulse or temperature, without any discomfort whatsoever. It is this remarkable and striking contrast, this wondrous harmlessness of those most serious operations, and the alarming and venomously fatal results of the most trivial interference with the female sexual organs, which has misled men, and which has suggested these thoughts to me.

In view of the facts given, we are justified in the following conclusions, which I will not here elaborate, as they readily suggest themselves by a perusal of the cases which I have cited:

- 1. Uterine manipulations necessitate the greatest possible caution, especially in first examinations; but even the oft treated organ may, in an apparent freak, under unknown conditions, resent a most trifling interference.
- 2. No manipulation or operation is without danger; and before attempting either, certain physiological and pathological conditions must be guarded against—menstruation, pregnancy and involution on the one hand, and the remnants of cellulitis and peritonitis on the other, above all. acute affections. These precautions may be often neglected, but now and then a punishment swiftly follows.
 - 3. During operations we must moreover observe:
- a. The sanitary condition of the city. The existence of epidemics, especially of puerperal fever, erysipelas, or diphtheria decidedly contraindicates operation; and it seems that the spring of the year is most fraught with these dangers.
- b. Absolute cleanliness, if not Listerism in its details, as far as applicable.
- 4. After operations—I am still referring to the most simple—the patient must be, at least for a reasonable time, confined to her bed. Upon this the surgeon must insist, however ridiculous it may seem to the patient, without ache, pain or discomfort of any kind. Even after receiving uterine treatment, patients should observe a brief period of rest.

Mr. Henry E. Finney, of New Mexico, has recently obtained a patent on a catheter. The Scientific American, our authority, does not describe the instrument. We infer that Mr. Finney is in favor of a revision of our code of ethics.

OUR WATER SUPPLY.

We wish to call special attention to the article on the "Water Supply of Newport," copied from the Sanitarian, this month. The condition of things there represented as existing at Newport, will be found to hold true in most instances here in the West, whenever the stand pipe system of waterworks are so much invogue now, has been introduced. A great deal of stress is laid on the system of filtering usually adopted. But as will be seen from this article, the most dangerous elements cannot be removed by this measure. The safety lies in prevention and the authorities should see to it that the catch-basin is as free from impure substance as possible. An ounce of prevention is worth a pound of cure.

A CHILD WITH TWO HEADS.

Dr. Larkins of Clarkville, Tenn., reports (Nashville Journal of Medical and Surgery), and describes the child as follows: "The normal head perfect in formation, but very small; a second head was attached to the back part of the regular head, at the junction of the different sections. Sec. 135.

A report has been received at the State Department, at Washington, containing the results of observations and experiments made by Dr. Freize, a Brazilian physician, who believes that he has discovered the cause of yellow fever in a microscopic parasite found in the blood of yellow fever patients. Experiments made by injecting this infected blood into the veins of rabbits and guinea pigs proved its virulence by producing death, the blood of the inoculated animal showing the same characteristics as that from the original yellow fever victim. The doctor's experiments seem to prove also that these parasitic germs of death survive in the soil where the subject of the fever is buried, and from thence may again contaminate living organisms, which would appear to favor cremation rather than burial in the case of yellow fever victims.

Book Reviews.

The Physician Himself, and what he should add to his Scientific acquirements, by D. W. Cathell, M. D., 3rd Edition, Baltimore; Cushings & Bailey, pp. 282 W. Baltimore Md.

We have occasion last year to call attention to the usefulness of Dr. Cathell's book when reviewing the first edition. The one before us is quite an improvement on its predecessors, both in mechanical improvement and in correction and change in the text, we repeat, no physician's library is complete without a copy. For direction, price &c., see advertising page.

Physician's Hand Book of Pharmacy and Therapeutics. Compiled by J. E. Lilly.

This little work is simply a compilation of therapeutical notes from standard authorities. Although small, the aim of the author has been to compile, namely, a reliable means of ready reference, concise and systematic. Among the table of contents are tables of metric system; eruptive fevers; examinations of urine; the pulse; respiration; rules of doses by age; symbols used in prescriptions; incompatibility of drugs; phrases and abbreviations used in prescriptions, and a great many other valuable tables and hints to the busy practitioner and younger members of the profession. The work can be had through Eli Lilly & Co., Kansas City, Mo., or Indianapolis, Ind.

Hearth and Home, Port Chester, New York, W. H. Hale, M. D.,

Is before us, and with pleasure placed on our exchange list as requested.

The American Psychological Journal, edited by Joseph Parrish, M. D. Philadelphia; P. Blankiston, Son & Co., No. 1012 Walnut street; publish quarterly; subscription price, \$2.00 per annum. Nos. 1 and 2, Vol. I, are before us. By an oversight this excellent publication was over looked last menth.

The publication is the appraise organ, and in fact issued by the National associations for the protection of the Insane and prevention of Insanity. Among its associate editors, we find Drs. Dana, N. Y., Godding of Washington, Shaw of Brooklyn, and Bannister of Kankakee, Ills., all well known writers on psychological medicine and a gaurantee that in future its excellence will be maintained.

The Roller Bandage, by Wm. B. Hopkins, M. D., pp. 95, with seventy-five illustrations, Philadelphia; J. B. Lippinscott & Co.

This little book treats on a subject, but too frequently neglected and one in which they are depict to adjust a Roller Bandage neatly and easily, and at the same time not to bunglesome, is quite an art and one in which few are efficient. The instructions which are laid down are concise and plain and can be easily followed. The wood cut disfigure the book and in the future addition should be removed or replaced by a better one.

Fracture of the Femur.

Dr. Browning, in the September number of the *Missouri* Valley Medical Monthly, describes some modifications of Buck's exterior, in treating a fracture of femur which, judging from the expression of the man's face in the wood cut, is anything but a bed of roses.

Observations on the Management of Enteric Fever. by J. C. Wilson, M. D., Phila.

Extract from Transactions of College of Physicians, Philadelphia.

Notes and Miscellany.

STRYCHNINE IN ALCOHOLISM.

The Druggists' Circular says its readers will probably remember the strange stories communicated, not long since, by various correspondents in regard to the immunity of hard drinkers from the poisonous effects of strychnine. Indeed, in California one man was reported to be in the habit of taking enormous doses of strychnine to relieve himself after a drunken debauch. The stories were probably exaggerated; yet their reiteration from several localities showed that there must have been some truth in them.

Now a French doctor, M. Lecuye, claims that strychnine is to alcoholism what mercury and the iodide of potassium are to syphillis. It cures delirium tremens, diminishes the gravity of wounds and inflammations occurring in drunkards, and wards off epilepsy and alcoholic insanity. Alcoholism should not be treated symptomically by various remedies, but as a general disease, and the agent for so treating it is strychnia, which will remedy all nervous or cardiac, cerebral, or gastric disturbances.

M. Lecuye pre'ers the sulphate, and administers this by subcutaneous injection on account of the usual indocility of these patients and the necessity of acting upon them rapidly. He dissolves 30 centigrams in 30 grams of water, and, according to the gravity of the case, injects the whole or one-half of a Pravaz syringeful. Not more than a centigram ($\frac{1}{6}$ grain) should be injected at once, and this may be repeated, under watchful guidance, every two hours. In some cases 1 centigram per diem suffices, while in others 7 may be injected in fifteen hours without inducing symptoms of strychnism.—St. Louis Druggist.

BRASS AS AN ANTIPERIODIC.

A physician of Patterson prescribed some quinine for a patient the other day, and the druggist made up the powders by weighing them. In a fit of abscent-mindedness he rolled up in a paper the little weights of the scales, and gave them to the messenger. The next day the doctor called to see his patent, a German woman, and asked how she was getting along.

"I vas got along bretty goot," she replied, "aber I ton't know how much to take py dot funny meticines. Dose bills pe two dree sizes, und I can'd know py meselluf vich I shall take furst. I took dree or four leedle vons furst."

The doctor asked to have the medicine shown him, and was astonished to see the apothecary's weights.

"Are these what you took?" he asked.

"Oh, yah! Didn't I dolt you I dook dree or four? Und dem make me veel a crate deal besser already."

The woman had actually swallowed the four smallest weights, and so strong was her imagination that she recovered health at once, and soon was at her work again.

She is said to be a relative of the celebrated German barber "by the Cooper's Institute."—The Druggists Circular and Chemical Gazette, New York.

THE MICRO-ORGANISM OF PNEUMONIA.

The authors present a special micro-organism (different from any yet discovered) which they found both in the sputa and blood of patients with pneumonia. The sputum, injected subcutaneously in rabbits and dogs, produced "fatal acute septicemia." Defibrinated blood of patients with pneumonia injected into the peritoneal cavity of dogs produced only temporary fever. In no case did genuine pneumonia follow the injections. In some instances the culture fluid was inserted in the trachea itself, producing, however, only acute septicemia.—L. Griffini e A. Cambria, Esta. dal. Gior. internaz delle sc. med. iv.—Therapeutic Gazette.

SYRUP OF COFFEE.

Good syrup of coffee, now frequently prescribed for disguising the bitter taste of quinine, can be obtained by following this formula:

R-Coffee, roasted and finely ground, 3	4.
Alcohol	1.
Sugar 3 1	2.
Boiling waterq. s.	

Pack the powder firmly into a percolator provided with a cover, and continue to pour on some of the water, continually kept boiling, until 8 fluid ounces have been obtained. Then dissolve the sugar by percolation, and finally add the alcohol for a preservative. Two grains of quinine may be well incorporated with one fluid drachm of this syrup, and yet not make it very unpleasant. Of course, no acid should be added.—Chicago Druggist.

"The London Lancet combats the folly of some would-be improvers on Galen, who decry the use of salt as a food condiment because it is a mineral. The Lancet says that common salt, chloride of sodium, is the most widely distributed substance in the body; it exists in every fluid and in every solid, and not only is everywhere present, but in almost every part it constitutes the largest portion of the ash when any tissue is burnt. In particular it is a constant constituent of the blood, and it maintains in it a proportion that is almost wholly independent of the quantity that is consumed with the food. The blood will take up so much and no more, however much we may take with our food, and, on the other hand, if none be given, the blood parts with its natural quantity slowly and unwillingly. Nothing can demonstrate its value better than the fact that if albumen without salt is introduced into the intestlines of an animal, no portion of it is absorbed, while it all quickly disappears if salt be added. The conclusion therefore is obvious that salt, being wholesome, and indeed necessary, should be taken in moderate quantities, and that abstention from it is likely to be injurious.—Exchange.

THE MECHANICAL THEORY OF DYSMENORRHOEA.—The Lancet closes an appreciative and just review of Herman and Vedeler's researches (already summarized in our columns) with the following remarks: "These figures show that the same proportion of women suffer from dysmenorrhea, be the uterus straight, slightly flexed, or acutely flex-It appears, then, that, from whatever point these observations are examined, they lead to the same result—a result which entirely removes the ground from under the feet of the advocates of the mechanical theory of uterine These facts have been sought for, not in states of disease simply, but also in states of health, and, unless the accuracy of the observations can be impugned and the error pointed out, the pathology based upon the mechanical theory must be discarded and replaced by another more consonant with the anatomy and physiology of the organs concerned."—Ex.

The Lancet thinks that it may be said with safety and literal truth that drugs never played a more important part than they do now, that they never did so much good and so little harm as in the present practice of medicine. Let one month be imagined in London without chloroform, opium, atropine, quinine, iron, salicine and its compounds, carbolic acid, iodide of potassium, ammonia, without common laxatives or cod-liver oil, and suffering and death would be immensely increased.

We desire to state to the physicians of Kansas and Western Missouri that Dr. J. R. Cheaney, our Business Manager, is prepared to furnish any kind of surgical instruments or physicians' appliances at reasonable rates; is also handling the Archer Operating Chair, beyond any doubt the best and cheapest in the market. While traveling in the interest of the INDEX will call upon the physicians of Southeast Kansas and Western Missouri, with a full line of samples of instruments

THE

Kansas & Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4.

ORT SCOTT, KANSAS, OCTOBER, 1883.

No. 10.

Original Communications.

ON EARLY TAPPING IN CASES OF ASCITES.

BY AUSTIN FLINT, M. D.

[Read at the meeting of the Section on Medicine of the British Medical Association, in Liverpool, August 2, 1883.]

The following article is re-published from the Journal of the American Medical Association:

Mr. President and Gentlemen:—The subject which I have selected for a short paper cannot, perhaps, be said to belong in the higher regions of pathology and practice, but it is one which, as it seems to me, has considerable material importance.

Most writers on practical medicine at the present time, as in the past, recommend tapping, in cases of ascites, as a last resort, to be employed only when the dropsical accumulation has occasioned an alarming interference with respiration, and after other measures of treatment have proved ineffectual.* The practice of most physicians now, as hitherto, I suppose to be in accordance with this recommendation.

[•]As an exceptional instance I may mention the "Hand Book of Medicine," by Dr. Frederick T. Roberts.

Many years ago I was lead by reasoning and by clinical observation to advocate tapping early in cases of that affection. In 1863 I communicated for the American Journal of Medical Science an article entitled "Clinical Reports on Hydro-peritoneum, Based on an Analysis of Forty-six Cases." The histories of these forty-six cases I have recorded. The results of the analysis seemed to show the utility of tapping early and as often as the dropsy returned. Since the date of that report, in the cases that have come under my observation in hospital and private practice, I have pursued this course of treatment, and the results have appeared to confirm its utility.

The objections brought against tapping early, and it may be, repeatedly, in cases of ascites, are—

- 1st. It is liable to be followed by alarming prostration, and it may even prove fatal in subjects greatly enfeebled.
 - 2d. It sometimes proves fatal by inducing peritonitis.
- 3d. Relief procured by tapping is usually but temporary the dropsy, as a rule, speedily returning.
- 4th. With every return of the dropsy a large quantity of albumen is withdrawn from the blood. The vital forces are thereby impaired, and, although temporary relief may be obtained, the duration of life is shortened.

In no instance under my observation has either a fatal result or alarming prostration followed tapping. On the contrary, relief, immediate and pronounced, has been invariable. I have met with but a single instance in which peritonitis was induced by tapping. In that instance, ascites from cirrhosis was associated with general dropsy from chronic Bright's disease, the latter, as is well known, involving a predisposition to inflammation of serous structures.

All danger in the direction of either exhaustion or peritoneal inflammation is probably avoided if, instead of the ordinary mode of tapping, aspiration be employed. The slowness with which the liquid is withdrawn by aspiration, obviates any risk of exhaustion, and the insignificant punc-

ture with a small trochar can hardly give rise, in any case, to peritonitis.

Two objections may be raised to aspiration. One of these is the length of time required for the opperation, and the fatigue on the part of the operator, in removing by this method a large quantity of liquid. It is an answer to this objection that the manual part of aspiration does not call for a skilled hand, and therefore the assistance of a nurse or an attendant may be made available. The other objection is the inconvenience often of having at hand an aspirator. This objection is met by substituting for the beautiful but cumbersome apparatus of Dieulafoy, or the adaptation of the stomach pump by Braditel, a very simple arrangement which I devised many years ago for thoracentesis. The instrument used is known in the United States as Davison's syringe.* It consists of an India rubber hollow ball of a size to be readily grasped by the hand, connected with which are two India rubber tubes. By the introduction within the base of movable valves, one of the tubes is made afferent and the other efferent. At the end of the afferent tube is an attachment for connecting with it a small counter. The aspiration through this tube is effected by the expansion of the central ball, and the latter by compression with the hand, is emptied through the efferent tube. For thoracentesis and all other applications of aspiration, this homely instrument is all that could be desired, except in an æsthetic point of view. Its advantages are its cheapness, its portability, its durability, and its being always in order for immediate use.

The more important of the objections which have been stated to tapping early and repeatedly in cases of ascites, are that the relief which it may afford is but temporary, and that life is shortened by the impairment of the vital forces consequent on the loss of the nutritive constituents of the blood.

Regarding these objections from a rational standpoint,

^{*}My instrument is called in England Higginson's Syringe.

the measures of treatment pursued by those who delay as long as possible tapping, are to be contrasted with the advantages of the latter. The measures other than tapping generally have for their object the removal or the diminuation of the dropsy. The measures are sudorifics, diuretics. and hydrogogue cathartics. Sudorifics accomplish so little that nothing is to be said in their favor. Very little can be said in favor of diuretics. The instances are rare in which much is accomplished by this class of remedies. Hydrogogue cathartics are more efficient. Elaterium, the pulvis purgans and the saline cathartics sometimes diminish considerably. and they may even remove the dropsy. Their uncertainty. however, must be admitted, and, when more or less effective. the object is usually accomplished slowly, not a little depression and perturbation being caused by their repetitions. Now, is it not a rational conclusion, inasmuch as by tapping the removal of the dropsy is effected with certainty within a few hours or even minutes, the operation being harmless and giving very little pain, that this method of treatment is to be preferred? And in view of these advantages of tapping, why waste time in an endeavor to effect the object by drugs?

Here, as in regard to all therapeutical questions, an appeal must be taken from reason to experience. And in deductions from experience, as well as in rational concluciusions, the different affections of which ascites is a symptom are to be taken into account. If the ascites be symptomatic of malignant disease, and where it depends on persistent occlusion of the portol vein from thrombosis, embolism, or the pressure of a tumor, tapping, as well as other measures for the removal of the dropsy, cannot be expected to promise often more than temporary relief. But in the cases falling in this catagory, it has seemed to me evident that lite is prolonged by tapping, repeated as often as need be; and, on the other hand, life has seemed to me to have been shortened by the use of depressing and perturbating drugs. In the great majority of cases, as is well

keown, cirrhosis of the liver is the affection having a causative relation to the dropsy. Now, in a certain proportion of these cases, the dropsy is dependent on auxiliary causes co-operating with hepatic lesion. Anæmia, anoxeria, impaired digestion, etc., the effects of acoholism or of other agencies, are more or less involved in the causation of ascites. Without these auxiliary causes, dropsy would not have occurred, and the cirrhosis perhaps would have been well tolerated. These co-operating causes are often, to a greater of less extent removable. The discontinuance of spirit drinking may sometimes suffice for their removal. These statements are based on the study of the cases I have recorded. Let the tapping be resorted to as soon as the dropsy occasions notable inconvenience; let auxiliary causes be removed as far and as soon as practicable; let the patient be placed on a tonic and analeptic treatment; let depressing and perturbating drugs be avoided; let tapping be promptly repeated if the dropsy return, and, notwithstanding the existence of a certain amount of cirrhosis, there may be a restoration to fair general health, and its continuance for an indefinite period.

My collection of recorded cases furnishes illustrations of the correctness of this operation. It may be that the dropsy will not return after a single tapping. More frequently, the tapping has to be repeated. The intervals between the repetitions, in different cases, and at different periods in the same case, differ greatly. Even if tapping be repeated many times and after short intervals, I believe the rule to tap as early and as often as the dropsy occasions inconvenience, to be better than to let the dropsy remain, or to undertake to lessen it by hydrogogue cathartics. In one of my recorded cases, the patient was tapped 30 times within 18 He had come to regard this measure as a trivial affair, and on one occasion, medical aid not being at hand, he tapped himself, using the blade of a soissors instead of a trocar, and introducing a common clay pipe stem as a canula! He was accustomed, the day after tapping, to go

about his business as usual. This was a dispensary case, and was lost sight of after the thirtieth tapping. At that time he was anæmic, but able to take pretty active exercise. There are some cases of ascites in which a causative lesion, if one exist, may remain permanently innocuous, at least when not associated with auxiliary causes, as shown by the recovery and the continuance of perfect health. Of my recorded cases, a few are in this category.

In concluding my clinical report on ascites, published twenty years ago, I used the following language: "Unpromising as are the majority of the cases of ascites, I cannot but believe that, as regards prolongation of life and as much improvement as is compatible with existing structural disease, the success of medical practice would be enhanced by employing less than has been the custom of physicians, diuretics, hydrogogue cathartics, and other depressing remedies, by resorting earlier than is usually done to tapping, and by a greater reliance on tonic medication, together with hygienic measures to invigorate and strengthen the system."

In conclusion now, after the added experience of twenty years, I hold to the same belief, with a stronger conviction of its correctness, as based on reason and clinical facts.

SUPPLEMENT TO THE PAPER ON EARLY TAPPING IN CASES OF ASCITES, BY AUSTIN FLINT, M. D.

As a supplement to the paper on Early Tapping in Cases of Ascites, condensed abstracts of the histories of twelve cases are appended. The sole object in submitting these cases is to illustrate the practical points presented in the paper. All details not bearing upon these practical points are omitted. The cases are appended without comments, leaving the reader to take note of the particular bearings of the facts, which are cited from the histories for the object just stated.

Case I.—Repeated tappings after short intervals. The patient, at time of the first tapping, greatly prostrated. Progressive improvement.

A woman, aged 36, who had been employed in a liquor

shop, was admitted into hospital August 13. She was confined to the bed and greatly prostrated. She was jaundiced. The abdomen was very tense. A pailful of liquid was removed by tapping. Ten days after the tapping her condition was much improved. At that time the following note was written: "When this patent came under observation she was extremely prostrated. I felt sure that active hydrogogues would have been dangerous, and I felt equally sure that she would have succumbed under the disturbance caused by the greatly distended abdomen. I am persuaded that the continuance of life, in this case, was due to the tapping."

September 3 the dropsy had returned, and the patient was again tapped. September 16 she was again tapped, and again on October 30. Shortly after the last tapping she left the hospital. She progressively improved, notwithstanding the repeated tappings after short intervals. There were no cardiac nor renal complications in this case. The spleen was much enlarged.

Case II.—Tapping once, and no return of the dropsy the patient apparently well two months after the tapping.

A woman, aged 35, was admitted into hospital in January. Enlargement of the abdomen had existed for two months. The enlargement, at the time of admission, was very great, and attended with much suffering. The patient was confined to her bed. Tapping at once was resorted to, and a bucketful of liquid removed. Notable immediate relief followed. Improvement was noticed. A month after the tapping, the patient was attacked with cholera morbus. There was no return of the dropsy. After recovery from the cholera, she left the hospital reporting quite well.

Case III.—Tapping after ineffectual treatment by hydrogogues. Three months after the tapping the dropsy had not returned.

A man aged 50, a spirit drinker, was admitted into hospital in September. Enlargement of the abdomen began

three weeks before his admission, elaterium was given repeatedly, causing only a temporary diminution of the dropsy.

He was tapped in December. The abdomen was then much distended, and the lower limbs swelled. There was considerable emaciation. March 30, it was noted that there had been no return of the dropsy; that the patient reported quite well, and that he had a healthy aspect.

Case IV.—Ascites followed by phthisis. No return of dropsy after 3 years. Notable enlargement of abdomenal veins.

A man, aged 46, had ascites 3 years before his admission into hospital. The dropsy disappeared in 7 weeks. ment not noted. He quit spirit drinking in a great measure There had been no return of the dropsy. had had good health, and had been able to do full work as a ship carpenter for several months, when the symptoms of pulmonary disease began. On his admission he had pulmonary phthisis and chronic laryngitis. He noticed enlargement of the abdominal veins first at the time of the disappearance of the dropsy. On his admission, the appearance of the abdomen was described as follows:-- "The abdomen presents a very remarkable spectacle. The abdomenal veins are greatly dilated and varicose. This appearance is most marked on each lateral part of the interior aspect of the abdomen, the veins extending upward nearly to the level of the nipples, without the mammary line. enlarged vein extends along the median line, and one on each side of this line. The blood flows in all these veins from below upward.

Case V.—No return of ascites after a single tapping for a period of two years.

A seaman, aged 22, a spirit drinker formerly, was admitted into hospital with typhoid fever, from which he recovered. Two years before his admission be had ascites, and was tapped. He quit the use of spirits, and there had

been no return of the dropsy. There was great enlargement of the superficial veins of the abdomen in this case.

Case VI.—Cirrhosis of the liver in a notable degree without ascites.

A woman, aged 33, when admitted into hospital was feeble and anæmic. She had had several attacks of hæmatemesis. She was progressively improving, when 4 months after her admission, she was seized with pneumonia, which proved fatal. There had been no ascites. The autopsy showed in addition to the pneumonia, a hobmail, weighing only two pounds; also disease of kidneys. This case is introduced as illustrative of the tolerance of cirrhosis as regards dropsy.

Case VII.—Ascites in a case in which tapping was twice performed, and no return of the dropsy a month after the last tapping.

A woman, aged 40, a spirit drinker, was admitted into hospital, with ascites, in October. She was at once tapped with immediate relief. Early in December, she was again tapped. A month afterward there had been no return of the dropsy. The patient was then discharged, reporting and looking well.

Case VIII.—Ascites treated ineffectually with elaterium Tapping twice, and no return of the dropsy two months after the last tapping.

A woman, aged 25, applied at a college dispensary, in April, with ascites which had existed for four months. Some diminution of the dropsy was effected by elaterium, but the diminution was temporary. She was then tapped, and, after two months, the tapping was repeated. Two months afterward there had been no return of the dropsy, and she reported quite well.

Case IX.—Ascites treated by tapping, and return of the dropsy repeatedly after long intervals.

A man, the age not stated, a spirit drinker, was admitted into hospital with ascites, which had existed for two months.

It was developed after intermittent fever. He gave the following history: Eight years prior to his admission he had ascites, and after tour months was tapped. The tapping was repeated after two weeks. There was no return of the dropsy, and he had good health for six months. The dropsy then returned, and he had also hæmatemesis. Five weeks afterward he was tapped. The dropsy returned but disappeared under the use of medicines, and he remained free from it for about two years. He had continued to drink spirits more or less freely. The subsequent history is not noted.

Case X.—Ascites referable to thrombosis of portal vein. Tapping ten times within three months. No return of the dropsy, and the patient in fair health eleven years afterward. Diet of milk and ginger-bread.

This patient, a man 45 years of age, of good habits, came under my observation, in private practice, eleven years ago. He had been ill for several weeks, his symptoms having been supposed to denote thrombosis of the portal vein. I may mention that the patient's wife, a very intelligent woman, had endeavored to study her husband's case by reading medical books, and the reason of my being called in consultation was the advocacy of tapping in my notes on the Practice of Medicine. The abdomen was greatly distended. Owing to the feebleness of the patient, it had been deemed hazardous to resort to tapping. This measure, however, at my suggestion, was at once employed, and notable, immediate relief followed. Within three months the patient was tapped ten times. The aggregate amount of liquid removed was about 350 pounds. After the last tapping there was only a moderate accumulation of liquid, and this gradually disappeared. The patient slowly recovered, and for the past ten years he has had fair health. His aspect is healthy, and he is accustomed to walk from four to six miles daily.

During the period when the tappings were repeated, and for more than a year afterward, this patient confined his diet

strictly to milk and gingerbread. These articles have constituted the greater part of his diet ever since. He has taken neither fish nor fowl nor meat of any kind. He is accustomed to take, in addition to the milk and gingerbread, rice, oysters, eggs and asparagus. On one occasion he was led to indulge for several days in the luxury of eating boiled green Indian corn. This was followed by a moderate return of the ascites, which disappeared under the use of diuretics. After this experience he resolved to stick to the diet to which he had become habituated.

Case XI.—Case of supposed portal thrombosis. Tapping repeated ten times. Complete recovery.

This patient, a man aged 47, came under my observation in private practice, in March, 1880. His illness began in December, 1880. He was then in Kansas. He was there considered to have malarial fever and inflammation of the the liver and spleen. Between December 8 and 27 he had three attacks of hæmatemesis and became greatly prostrated. Following this, ascites developed, and cedema of the lower limbs. On February 3, 1881, he was tapped for the first time, and twenty quarts of liquid removed. He was again tapped February 17 and March 2. He was then brought to Hoboken, N. J., and was seen by me, in consultation with Dr. T. R. Varrick, of Jersey City. He was tapped by Dr. Varrick, March 20, April 3, April 14, April 25, May 9, June 6 and July 10. When seen by me before the tappings by Dr. Varrick, he was greatly emaciated and prostrated. He was, however, able to take food freely, and notwithstanding the tappings, he progressively improved. relative informes me by letter dated May 31, 1883, that he is in better health than for many years before his illness. In addition to the tappings, the treatment employed by Dr. Varrick was tonic and analeptic. He also took from eight to ten mimims of the compound tincture of iodine for several weeks.

This patient was and is a total abstainer from all forms of alcohol.

Case XII.—Ascites from fibrous thickening of peritonaum. Eleven tappings, death and autopsy.

A man, aged 50, was admitted to the hospital, July 11. 1881. He declared that he was not an habitual drinker of spirit or other alcoholics. Eulargement of the abdomen was first noticed in the spring of 1878. Jaundice existed The treatment and progress of the case was not noted in the history. He was in the hospital in April 1879. The abdomen was then considerably enlarged; but the liquid diminished and he was in a short time discharged. In August, 1879, he was readmitted, and he was then tapped for the first time. He left the hospital, but was again admitted. November 28, and between this date and April 12 he was tapped six times. He then returned to his duty as a watchman, and he did not again enter the hospital until July 11, 1881. The ascites were now great, and he was tapped on July 13, 1881. The tapping was repeated October 5, June 2, 1882, and in October 1882. Up to this time his general condition had been fair. In November, 1882, it was noticed that he had pleurisy with effusion, and that the abdomen was much distended. The tapping was repeated November 21, the liquid withdrawn, being, for the first time, sero-purulent. Death, from exhaustion, occurred November 21, 1882.

The autopsy showed thickening, adherence and calcification of the pericardium. The heart was somewhat dilated, no valvular lesions. The legs were cedematous, and the right pleural cavity contained about two quarts of sero-fibrinous liquid. The left pleural surfaces were adherent.

and the pleura greatly thickened.

The capsule of the liver was much thickened, and the organ slightly cirrhosed. The gastro-hepatic omentum was about an inch in thickness, and compressed the hepatic artery and the portal vein. The hepatic duct was situated above the thickened omentum. There was universal fibrous thickening of the peritonæum. Recent peritonitis was shown by the presence of exuded fibrin, and the peritoneal cavity contained sero-pus. The capsule of the spleen was much thickened. This organ was 6 inches in length, 4 inches wide, and 3 inches in thickness. The kidneys had undergone some fibrous degeneration.

DOCTOR CELIBACY'S COURTSHIP.

BY WILL F. OLIVER, M. D.

Old Doc. Celibacy had grown him chronic,
In Hyper-cynicism constitutional.
His disposition was almost Plutonic;
His principals were anti-scriptural;
His physiognomy was real sardonic;
To Cupid's darts he was invulnerable.
His soul's delight, if he had any pleasure,
Was gauging women by his cynic measure.

He was no quack, but highly scientific;
He loud lampooned the loutish charlatan;
But vented his invectives most terrific
'Gainst women's advent into medicine.
His prejudicial protests were specific,
Denouncing her unfit for lack of brain.
He said: "When women enter a profession
All progress turns to speedy retrogression."

The Doctor's doctrine was not erratic,
(In fact, in everything was radical);
But on the use of quinine was fanatic,
Thought most diseases were malarial;
And argued that this anti-periodic
All miasmatic maladies would quell.
He always said: "If quinine has no virtue
In any case, its action cannot hurt you."

'Tis true—at least its generally admitted—
That quinine antidotes most miasmatic
Diseases; the diathesis rheumatic
To this remedial has oft submitted.
But when o'er one idea we're dogmatic
It shows we're ignorant and meagre witted.

Old Deacon Dukes had double pneumonitis
And the prognosis was unfavorable;
'Twas complicated with some cerebritis
That made the case extremely critical.
Old Doc. Celibacy had made the fight as
Strong as Sampson Agonistes 'gainst the pall;
But he persisted in quinine ingestion,
Which great increased the cerebral congestion.

His face was alternately pale and florid,
His arteries carotid beat; his eye
Was glazed; the dew of death was on his forehead;
His breath dilated wide his alae nasi;
His sanguine friends had given him up for dead,
And had himself admitted he must die.
Although his treatment met full approbation;
Celibacy asked for a consultation.

Old Doctor Cranky ground at Homepathy;
He would'nt meet young doctor Alex. Smart;
Old Doctor Snyde from off the Ethic path he
Was prone on quackish tangents to depart.
Old Doc. Celibacy grew red and wrathy,
And swore is soul, then swore secundem art,
When all agreed, despite his opposition,
To call upon the new female physician.
"No woman comprehends the field of physic,"
He said, "for want of calibre of brain;
One could'nt diagnose a case of phthisic,
Or cure a boy's green-apple-colic pain."

If one was called to any friend of his sick, He'd diagnose him hopelessly insane. He held it was professional degradation

To meet a woman in a consultation.

Miss Doctress Angelica Melitus
Had hung her modest shingle in our city.
She was not warped with chronic spinsteritis,
But young, and affable, and plump, and pretty;

Not fury-faced nor haggish to affright us
But shrewd, and un ssuming, wise and witty;
Not dagger-tongued nor shrewish to backbite us,
But a peerless combination to delight us.

They said: "She is a regular physician,
A qualified and ethical M. D.;
You're bound to honor her in that position,
No matter what your prejudices be;
Your ethic code compels a recognition
Of regular physicians; so you see
You don't insult this woman by refusing
But a fraternal fellow you're misusing."

She gave the patient an examination
That demonstrated high intelligence;
Her questioning, percussion, auscultation,
Proved in professional points no ignorance;
Celibacy was struck with admiration,
In spite of his proposed beligerence,
She asked Celibacy some critic questions,
And made the following polite suggestions:

"As to your able treatment there's no question,
It his disease had been as you believe;
And, first, I beg to make a slight suggestion
That you omit the quinine—you perceive
That in a case of cerebral congestion
It tends to aggravate and not relieve."

"I fear you were misled in diagnosis,
A case like this is potent to deceive;
Although you watched your patient just as close as
Possible, and yet, you do perceive
That all your counter irritants and doses
Have failed in any manner to relieve.
This case deluded your adroit detection,
'Tis an unusual, obscure affection."

"I fail to find by careful auscultation,

A bruit or rale, and no bronchophony;

And on percussion find no infiltration;

No prominent and painful cough, and he

Has yet no marked amphoric respiration;

No rusta sputa is thrown off, I see.

On your mistake I make no criticism,

But diagnose pulmonic rheumatism."

"The fibrous tissue 'neath the mucous membrane
That lines the lung, bears very close relation
In structure (Gray will more complete explain)
To that which lines arthron articulations;
And irritated by that mystic blood bane
That instigates rheumatic inflammations.
And so all serous tissues and sub serous,
Are like involved by like morbi materies."

"And farther, to comfirm my diagnosis,
I note inflaming endocardium;
Which all your quinine in heroic doses
Has failed in any way to overcome.
I do not fear unfavorable prognosis
If you'll give alkalies or colchicum,
Hyoscyamus, buchu, lupuline,
Veratrum, aconite or turpentine."

They gave the patient soda salicylate,
And purgatives and laxatives saline;
The blood's excessive fibrin to decrease
Gave mercury and agents alkaline,
(When the symptoms did not counter-indicate)
And for counter-irritant iodine.
The deacon convalesced—sat up on Monday,
Went to camp-meeting on the second Sunday.

There's a vehement, dire recalcitration,
A constitutional "kicking 'gainst the pricks,"
A kind of vague, or stammering explanation,

When in our own mistakes the truth convicts. Surpassing all 's the sore humiliation
Of wounded pride—the same in politics.
Thus squirmed and squealed old Doc. Celibacy
Ere he 'd accord the woman victory.

'Twas said of old that chastisement is wholesome, 'Though most men deem it too salubrious; Yet Doc. Celibacy's erratic soul come Coerced from its eccentrical chaos; Some thought his actions affectation, and some Thought that he was mentis non compos. He was in love and trying to conceal it, The more he tried, the more he did reveal it.

'Tis said and is believed that Saul's conversion
Was a direct Divine interposition.
Calibaca like Saul at first appraisa

Celibacy, like Saul, at first coercion Developed his erroneous position.

To both alike then followed a revision
Of principles to just the opposition.

And both Celibacy and Saul direct and boldly Embraced a cause they tortured as unholy.

'Tis said a man can hide his disposition,
Pretend a false and hide a real intent.
Celibacy it seemed by intuiton,
(His consciousness forever gave consent)
Would call on his late rival for permission
To scan a book or get an instrument.
The gossips marked, and marveled wonderfully,
How his books grew old so suddenly.

Again he'd call to ask of her opinion
Of some new remedies he'd thought to get
For ills o'er which no victories had been won,
Then drift on Romeo and Juliet;
He claimed 'twas in the medical dominion
By its case of toxocology, and yet
Soon wandering from the toxocology
To the moon-lit scene upon the balcony.

He went from Sydenham to Desdemona, And wondered at Othello's jealousies.

He thought that Hamlet's lunacy had grown a-Mazing since Ophelia's demise.

Yet he maintained the world had never shown a Proof that love was real—all cases fallacies.

They who have lived for love found all is vanity; They who have died for love—well, that 's insanity.

He said: "Love is a quality unhuman, It solely is an attribute Divine.

Man's amorous admiration for a woman Is transient fancy—never ganuine.

Love's fragile flower will shed its gaudy bloom when Wealth and beauty, youth and health decline.

He in whose dual life there's harmony Drew lucky in connubial lottery."

"When Adam dwelt alone in Eden's garden He lived in holiness and happily;

But with the advent of his female "pard" then First began Adamic deviltry.

Paul followed suit and played the winning card when In I Corinth., and VII Chap., says he:

"He that ligates himself in Hymen's fetter Doeth well, but he who weddeth not doeth better."

She said: "Your speech is ludicrous—the fact is You prate upon a theme in ignorance.

Your theory you never put in practice, The only valid test's experience.

He who ne'er led a charge or was attacked is On the ways of war poor evidence.

Mere theorizing is no demonstration,

The world moves not on wheels of speculation.

"All nature is dependent upon union, In nature's realm there is no selfishness. The earth were desolate without the moon; one \Star annihilated, who can guess

The wild career of worlds; forsooth soon sun And moon and stars in that vast wilderness Of chaos run as pathless a career As every useless bachelor does here."

"In truth a bachelor's a social comet,
An aimless entity among terrestrial spheres;
Exotic'mong humanity—where from it
Comes we vainly guess, and whether it careers.

An airy head, a guazy tail stream from it,
A floating flame that never reappears;
A guady glare without utility,
It leaves no blessing for humanity."

"Throughout creation's realm no element
Exists alone, but always in relation
With others fills out its ordained intent.
Earth, air and sea are but association
Of elements that are divinely blent
In chemic or mechanic combination.
There's life in union, death in separation;
No atom lives alone in all creation."

"The man with the erroneous opinion
That he's created for himself alone,
Is 'mong the workers in the Lord's dominion
A space-encumbering, fruitless drone;
And he who is his own almighty minion
Is dwarfed in wit, in bigotry o'ergrown;
He who bewails terrestrial tribulation
Forgets the law of life is agitation."

"The winds and tides that aggravate the ocean
Into tempestuous motion, purify
The waters that would stagnate but for motion,
And all the life therein would poisoned die.
Continued political commotion
Makes men and parties act more honestly.
He who repines o'er unpropitious fate, sure
Was born a fool, and ne'er improved on nature.

"You say 'what's real must coincide with science;'
True there's a matrimonial chemistry;
Acquaintance is the crucible, apply thence
'The flame of love to passionate degree,
Then kindred souls in Cupid seek alliance
And are compounded there connubially.
They're one in mind and motives. Unity
Gives strength and enterprise and energy,"

It seemed like a spontaneous combustion

When bodies meet in proper medium;

Like phosphorus the air, or when we thrust on

Water to metallic sodium.

The scales delusion fell, and sudden burst on

The light of life—his soul's ideal came.

The monads in that Cupid crucible

Made this compound—Celibacate of Med.

Longton, Elk County, Kansas, 1883.

CREDE'S METHOD.

"The value of Crede's method of expelling the placenta has recently been tested by comparative trials. Fehling used Crede's method in ninety cases. The placenta was left to come away itself in ninety-five cases. The following were the results: In the first series (Crede's method) the average loss of blood for each patient was five and one-half The time before the placenta came away averaged In the second series the average loss of blood 7.7 minutes. was six and seven-tenths ounces. The time before expulsion In eighty-five of the ninety cases treated was 13.4 minutes. by Crede's method the membranes came away entire. ninety-one of the ninety-five cases left alone the membranes came away entire." - Ohio Medical Journal.

Correspondence.

THE OTHER WAY.

EDITOR INDEX:

Dear Sir:—Having recently read an article in the Mississppi Valley Monthly on the treatment of Malarial Hæmaturia, by Dr. G. B. Malone, of Indian Bay, Ark., I ask the liberty of your pages in which to present a treatment quite different from Dr. M., and which has proved quite successful in my hands. The Dr. says, "The first symptom which is nausea is to be combatted and relieved with large draughts of cold water." In the first place, we beg leave to differ with the Dr. in regard to first symptom as well as his treatment, our experience has taught us, that patients suffering with this disease are usually found in a state of collapse and no remedies can be administered by the mouth. However, granting this not to be the case, we think the most natural treatment would be to put your patient at rest by an opiate hypodermically, and admitting the water treatment to be the best it would naturally occur to the thinking physician "would not warm water be better than cold," as the Dr. says to allay the vomiting and cleanse the stomach, and if we are giving it as a diuretic or diluent for the urine, why not add diuretics or diluents to the water? The Dr. then says, the next step to be taken are the administration of F. Ext. Buchu and hyposulphite of soda, surely the Dr. does not use the hyposulphite as an antiperiodic (or in later days probably it would be better to call it a antiseptic), if the Dr. has found it superior to quinine, he should announce the fact to the world and not only tell us its utility in one class of malarial disease.

The Dr. in his resume of why this treatment has failed in so many cases, tells us the nurse has failed to administer the remedies or the Buchu is inert or it has not been given in sufficient quantities. Now, Mr. Editor, it occurs to us in the days of progressive medicine that this is very little to do in cases of malarial hæmaturia. Where death supervenes so quick without medical assistance and I give you a brief resume of my treatment for several years past and believe if the Dr. will try it he will not have so many reasons for failing to cure his patients. First we consider it the first duty of a physician to allay pain and believe an opiate is never counter-indicated, then we think it our first duty to give morphine hypodermically. Second, quinine is indicated in this as well as all other malarial diseases, and we should not forget that the stomach cannot absorb medicines like it does in health and consequently give large does of quinine hypodermically. Third, If the bladder is distended, draw off the water with a soft rubber catheter. Fourth, Evacuate the bowels thoroughly, and last but not least, treat it as though you were treating a pernicious chill. The probabilities are that the Doctor's treatment may be very good for an after consideration, but we should prefer quinine and iron. Hoping to hear from the Doctor again, when he has a more rational treatment, I am resp't,

JUVENITUS.

A CASE OF CARDIAC ANOMALY.

Dr. Horace Grant, of Louisville, reports in the July number of the American Journal of Medical Sciences, a remarkable anomaly of the human heart, interesting not alone from its striking singularity, but as well from its clinical importance. In a post-mortem examination of a mulatto girl, sixteen years of age, the right ventricle was found to communicate directly with the aorta; no pulmonary artery was to be seen attached to the heart. The left auricle was normal; the left ventricle presented only one-half the usual attachment of the aorta. At the pericardial attachment to the aorta two arteries were given off, each about one-fourth of an inch in diameter; they passed right and left backward from the front of the aorta, and evidently supplied the blood to the lungs. This curious anomaly is discussed in connection with the clinical symptoms observed during life.—Ex.

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., EDITOR.

P. O, Box 1208, Fort Scott, Kansas,

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department.

THE COLLEGE SEASON.

Before this number of the INDEX will go to press, the majority of American medical colleges will have commenced their annual course of lectures, and have taken the initiatory steps for graduating as large a class as possible the incoming spring season.

We are glad to notice some improvement in the direction of preliminary requirements. Some, among them we may mention Rush Medical College and the St. Louis Medical College, are making the preliminary examination compulsory, while others advise such an examination, and will make it at the request of the student. If desired! While this is by no means all that could be desired, yet we regard it as a step in the right direction.

In this connection, and to show just what value our English brethren put on American diplomas, we quote from a recent article in the London Lancet. The editor, as is well known, is an Englishman with an Englishman's prejudice in favor of all things English, and his condemnation is

perhaps too sweeping. Yet it must be admitted that in the light of disclosures of practices of various medical colleges on this continent, there is some excuse for the *Lancet's* sarcasm.

He says (New York Medical Journal), in substance: "We can only say that if, as our correspondent asserts, ninety per cent. of the American students can pass such an examination as the matriculative examination of the University of London, it is a pity they have not the opportunity to do so, for the sake of American degrees, which cannot be respected abroad as long as the guarantees of preliminary education are withheld, and short curiculi are the rule."

The annual influx of announcements promise many good things, still but little permanent improvement can be expected until something like the seats examination of the German shall have been adopted in the several States, and the diploma relegated to its legitimate sphere, simply as a reward of well-earned merit.

Speaking of colleges, we call to mind the second annual announcement of a college in Kansas City. The faculty announce that for a student to fully master our profession, he must, on the very threshold of the college, abandon all creeds of medicine. This is certainly liberal, perhaps enough so for the new code of New York State. The courses are Materia Medica and Therapeutics, Allopathic, Homeopathic and Eclectic. We notice among its eighteen matriculants last session two have risen to the dignity of professor, and among its seven graduates four now occupy chairs as teachers. Thus it will be seen at a glance that here are certainly all opportunities the ambitious may desire.

Selections from Journals.

ON A CASE OF OBSTRUCTIVE JAUNDICE OF AN UNUSUAL NATURE.

"Dr. H. Mallins reports this case in the Lancet, June 30. 1883: M-, an officer in the Indian army, who had served during the Afghan campaign of 1878-79, proceeded, on the renewal of the war on September 13, 1879, to Dhaka, a fort situated at the Afghan end of the Khyber Pass. stationed there he enjoyed good health until October 13th, when he was attacked with intermittent fever of a very mild The attack, however, an unusual event in his case, was attended with a good deal of nausea and vomiting. Two days subsequently a decidedly yellow tinge of the conjunctivæ was noticed, and a week later well-marked jaundice was developed, with its usual accompaniments of whitish stools, dark-brown urine, etc. The appetite was not much impaired, but the ingestion of nearly every kind of food procurable was attended with so much subsequent nausea that the amount of nourishment taken was extremely small. Three weeks after the full development of jaundice, yellow vision and intense irritation of the skin, particularly that of the lower extremities, were complained of. No enlargement of the liver could be made out; very slight tenderness on pressure over the region of the gall-bladder was the only local indication. On December 4th the emaciation, due no doubt to the want of sufficient nourishment, had become so marked that, acting on the counsel of his medical advisers. he returned to India to try the effect of a change to a hill climate. After a month's residence at one of the hill sta-

tions, there being no amelioration whatever in his condition, he applied for and obtained furlough to Europe. Several days' delay occurred at Bombay prior to his embarkation. The second day after his arrival at that city, January 18th, he had occasion to go to the closet, and while inspecting the excreta, as had been his wont since the commencement of the attack, discovered to his great surprise, a large ascaris lumbricoides, apparently dead, one end of its body, to the extent of half an inch, being of a deep green coler. The very next day the stools began to exhibit a slight amount of the normal bilious hue. Ten days after the embarkation their color was quite natural, and before landing in England convalescence was satisfactorily established.

"Remarks.—The subject of this record had undergone all the privations of the campaign of the previous year, including those of the terrible march back in June, historically known as 'the march of death.' It is more than probable that in quenching his thirst with some roadside water of doubtful quality he swallowed the ovum of the parasite with which he subsequently became infested. The immediate reappearance of bile in the stools which followed its expulsion, and the deep staining of one end of the parasite, render it very probable that in its migrations it entered the ductus communis, thus effectually plugging it and preventing the flow of bile. The mechanical nature of the obstruction readily explains the failure of every remedy that was tried. The practical point deducible from the foregoing case would seem to be, that when a case of persistent jaundice—this case lasted exactly three months—is met with, in which no organic disease of the liver can be made out, and where there is no constitutional dyscrasia which would account for the symptom, the possibility of the plugging of the common bile-duct by a round worm should not be overlooked. There can be but little doubt that a few doses of santonine would have materially abridged the duration of the case above recorded .- Quarterly Compendium of Medical Sciences.

A DEMONSTRATION OF THE FEEBLE INFLUENCE OF IODINE OVER MALARIAL FEVERS, BASED UPON AN ANALYSIS OF 76 CASES OF INTER-MITTENT AND REMITTENT FEVERS TREATED WITH THE AGENT.

There have recently appeared numerous reports from medical men in various parts of the world, reciting the virtues of Iodine in the treatment of malarial fevers. It is true that these do not all agree as to the exact degree of reliance that may be placed on this agent as an antiperiodic. There are, however, those who claim for it an efficacy not less than that to Peruvian bark, as far as the immediate control of the attack is concerned; and even greater than bark in preventing its recurrence.

It must be confessed, however, that the results reported by various observers do not entirely agree. Here we find an assertion that in chronic malarial poisoning iodine does its work most effectually; there, that its value is nil; in another article we find that it is recommended to render permanent the cure that quinine has begun; in still another that it is given in combination with quinine, arsenic, etc. On the other hand, we find that by some anti-periodic properties are denied to iodine.

Attracted by the testimony in its favor, and with the desire to definitely ascertain the powers of iodine as an antimalarial remedy, in view of the ease of its administration, and of its comparatively small commercial value, Drs. I. E. Atkinson and Hiram Woods availed themselves of the opportunity of treating malarial fevers afforded at Bayview Asylum, Baltimore, during the late summer and autumn of the past year (1882), and they record the results in the number of the American Journal of the Medical Sciences.

Their experience leads them to draw the following deductions as to the use of iodine in acute malarial poisoning:—

(1) In intermittent fevers it has some feeble influence in controlling the paroxysms.

- (2) It takes usually from three to eight days to exercise this influence.
- (3) In cures effected there is great danger of a relapse; certainly as great as with Peruvian bark.
- (4) It is certain to add to any existing diarrheea or nausea and is liable to cause each, if they do not already exist.
- (5) In remittents, its effect, if any, is seen in a slow and gradual reduction of temperature, and this reduction is liable to sudden interruptions.
- (6) In both forms of malarial fever it is infinitely inferior to either cinchonidia or quinine: certainly as regards the immediate control of the fever, and as far as we were able to judge, as regards relapses also.
- (7) From an economic point of view, the slowness and uncertainty of its action make its use in hospital practice fully as expensive as Peruvian bark.
- (8) There seems to be ground to believe that it can cause albume naria.
- (9) In the large majority of ordinary actute malarial poisoning it has no influence whatever.

The Exact Value of the Electrolytic Method was the title of a paper read by Dr. A. D. Rockwell, of New York, in which he stated that the success of the treatment in malignant growths was trifling, although the size of the tumor was almost always reduced and the pain was decided-Material relief was generally given in inly relieved. tramural fibrous tumors of the uterus when inaccessible to Electrolysis might be considered a specific for erectile and small cystic tumors, and, with proper care, a scar could be avoided. Relief was sometimes given in cases Superfluous hairs could be permanently eradiof goitre. cated, and many cases of urethral stricture were much More experience was needed, however, establish the exact value of the method in the latter affection.

Notes and Miscellany.

POISONING BY GELSEMIUM SEMPERVIRENS.

In the Medical Times Dr. L. L. Friedrich, of Washington, D. C., reports a case of poisoning by gelsemium sempervirens, in which a teaspoonful of an old fluid extract was taken by a girl of 14 years of age by mistake for bitter wine of iron. The first symptoms manifested themselves in forty-five minutes after ingestion of the poison, viz., dizziness, headache, muscular relaxation, and slight convulsive movements. Improvement took place under a hypodermic injection of one-eighth of a grain of morphia. after, however, the untoward symptoms returned with increased severity. Excessive muscular relaxation and incoordination manifested themselves. The pupils were dilated, diploia, ptosis, paralysis of the facial muscles and excessive sallivation were present. The face became congested, the tongue "thick" the deglutition well nigh impossible, together with other symptoms, resembling hydrophobia. Finally, the patient passed into a semi-comatose condition and the symptoms of collapse supervened, until the girl was totally unconcious, with a feeble, thready pulse, gasping respiration, cold clammy skin, and failure of circulation in the extremities. A judicious treatment by emetics, cardic and respiratory stimulents and artificial respiration was instituted, with the gratifying result of restoring the patient to health. No sequelæ are noted, except weakness and dizziness .- Med, and Sur. Rep.

A REMARKABLE COURSE OF A BALL.

At the autopsy upon the body of the late Maj. S. S. Brinkerhoff, who was accidentally shot during a melee at the fair ground on October 5th. It was found that the ball entered about three and one-half inches to the right of the spinal column, fracturing the twelfth rib and passing through the lower portion of the left kidney, then upward wounding the lower lobe of the right lung, and was found lying loose in the thoracic cavity. The right lung was found completely collapsed and crowded against the spinal column, and the thoracic cavity was completely filled with air.

The extraordinary course can only be accounted for by the supposition that the party or parties who fired the fatal shot was lying on the ground at the time or that the bullet was detracted from its course by the spinal column. Death supervened on the third day by apnœa.

At a recent meeting of the New York Society of German Physicians, the following case was presented:

Absence of the Uterus.—Dr. R. Tauszky presented an Irish girl, twenty-four years old, who had consulted him for amenorrhæ. Upon examination, he found a scanty growth of hair upon the pubes, and above it two tumors of the size and consistence of testicles. The vagina was one inch and a half long, and did not lead to a uterus, nor could this organ be detected by the finger introduced into the rectum.

Dr. B. Schablau, who examined the girl, also failed to find a womb. He thought that the two tumors above the pubes were hernial protrusions. What constituted the herniæ could not be made out.

Dr. E. S. Elder, of Indianapolis, Ind., has been appointed secretary of the State Board of Health, vise: Dr. Hamn, recently deceased. We congratulate our classmate upon this new appreciation of his worth by the Hoosier State.

Kansas **&** Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

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No. 11.

Original Communications.

MOLLITIES CEREBRI.

BY DR. W. A. LEIGH, HIGHLAND, KANSAS.

We very frequently hear the expression "softening of the brain." It is often used by educated patients; for many people who simply suffer slight and often but temporary exhaustion think always erroneously, that they have "softening," or are going to have it. It is really an expression of pathological appliance, but just as the symptomatic word "apoplexy" has come to have a pathological meaning,—effusion of bleod-so the pathological term "softening" has come—so, at least, it appears to me—to be used, even by medical men, as a name for a certain rude clinical grouping of symptoms in cases in which there really is no softening. We see patients who have become excitable, irritable in temper, and desponding; they have found that their attention easily fails, and that they cannot do their accustomed work; they usually sleep badly; they have often what they call headache, but it is mostly not an ordinary headache, either in kind or in position, it is a feeling of pressure, or sometimes of burning, and its seat is the vertex or back of the head; there is very o'ten, indeed, a disagreeable feeling at the occiput and in the upper part of the spine, more distressing than painful—an intolerable physical feeling; the queer feeling in the spine is often intermittent, and frequently comes on slowly with great depression of spirit.

Recognizing the group of symptoms I have mentioned as a fair clinical entity deserving particular careful study, I do not see the evidence for the diagnosis that softening of the brain is the pathological change causing them. The symptoms, I think, indic te nervous exhaustion, beginning often in the sympathetic nervous system, and secondarily affecting the nutrition of the highest centres in the brain. symptoms are often produced by excesses, and especially by sexual, and by "fast life" generally; they are sometimes developed by fright, and may be brought on by misery or over-work, either of the mind or the body, especially when the work is done under responsibility. Of course they occur most often in persons who inherit a weak temperament, who bear trouble badly, who are easily excited and easily depressed. In some of the cases the patients get quite well by simply common sense care, and the delusion that they have softening, vanishes.

In the graver, prolonged and aggravated cases, instead of there being softening of the brain, there is greater firmness of it; atrophy of nerve-cells and fibres, with increase of connective tissue. We often see considerable atrophy of the brain at post-mortem examinations on those who have died of non-cerebral disease, and whose mental condition attracted no attention. Atrophy of the brain is normal in old people; it is often seen in middle-aged drunkards, and even in comparatively young people who have been long bedridden by wasting diseases not primarily involving the ner-I do not see how the diagnosis that there is vous centres. actual softening of the brain is in any case to be possibly arrived at, unless the patient has certain local paralytic symptoms, such as hemiplegia, or some other symptoms implying a local central lesion, such as affection of speech,

or, again, unless there be signs of cerebral tumour, or evidence of injury to the head. To be warranted in diagnosing softening we must have symptoms which point to local disease. I do not say that local cerebral softening cannot exist without localizing symptoms. I only say that in their absence we are not warranted in diagnosing its existence. Large parts of the brain may be destroyed by the process of softening without causing marked local symptoms, but in these cases the softening is mostly about tumours, or other kinds of adventitious products, and to speak of these as cases of softening would be almost an abuse of language, as it is only a result of encephalitis about the tumour. which deserve to be called cases of softening, are cases in which there is blocking up of cerebral arteries, or, which is infinitely rarer, of cerebral veins. It is from the distribution of arteries, it is "for arterial reasons." so to speak. that there are localizing symptoms in softening. est part of the motor tract-corpus striatum-and adjacent convolutions are usually the parts of the brain damaged or most damaged in softening. This is readily accounted for from the fact that an embolus can more easily get into the middle cerebral artery, for anatomical causes, and partly because this vessel lies more directly in the way of strain from the heart, and thus is the most diseased and blocked up-shutting off the nutritious supply from these parts.

To properly consider cerebral softening, the state of the arterial system must be studied—we must look beyond the nervous elements of the nervous system. A great part of our knowledge of the pathology of cere' ral softening is in the answer to the question: Why do arteries become diseased and thus "blockable"? Obviously if the softening of the brain be very limited in extent, and the symptoms therefore slight and transitory, the consideration of the patient's general bodily state is the really urgent matter. It would be a very poor thing to dwell with exaggeration on the hemiplegia, and ignore the state of the patient's heart, arteries, &c. It would be a very unclinical mind that could

feel comfortable about a patient who was very degenerate, simply because he had speedily got rid of hemiplegia, or who would suppose that he is taking a broad view of a case if he dwelt exclusively upon important superficial matters—state of digestion, sleep and occupation. It is best to begin with the paralytic symptoms, then to consider the superficial, and, lastly, the deeper lying and most important evidence as to general pathological and pathogenetical states.

A CASE OF INTEREST.

BY J. B. DRAPER, M. D., OSWEGO, KAN.

About 9 o'clock A. M. Sept. 20th, I was called to attend Peggy L., a negress, aged 34, in labor since the morning of the 19th. Finding the os undilated I gave an opiate and went to my office. After four or five hours I found labor well under way, with the head in first position and the pains strong but short. By the time the head became fairly wedged into the strait the patient became so exhausted that I gave an anæsthetic, applied forceps and succeeded, after very hard work, in delivering a strong and well developed male child, which would probably weigh ten pounds, the placenta came away without difficulty, was very large and appeared to be perfectly natural.

The interest in the case is the history of Peggy's pregnancies since her marriage, six years before. Three months after marriage she had a severe fall, followed shortly after by a miscarriage. Two more abortions followed within a year, each occurring at about the end of the third or fourth month. These were followed, at the end of two years from marriage, by labor at, or near full term, with twins. The first twin was alive, but died within twenty-four hours; the other was still-born, caused probably from compression of the cord, as the physician in attendance found it necessary to turn and deliver by the feet. Following this regularly

every fourth or fifth month thereafter she aborted until seven more abortions occurred—not one, as she believes, being less than three nor more than four months from conception. In two of this list of seven there were twins. The twelfth conception having taken place, she reached the fourth menth, and again began to flow, and continued, in spite of medicine and as much rest as she could take, to flow for over two months, quite frequently during that time passing small masses of substance precisely like partly decomposed About the close of her fifth month I lost sight of her, and supposed the usual result had followed, and was not a little surprised, when called, to find she had gone to She had ceased flowing soon after my last prescription, which, by the way was ergot, and, being very anxious to raise a family, had been as careful as her circumstances and intelligence would allow, and was rewarded at last by a hearty box, who is now a month old and bids as fair for long life as any child who gets his nourishment from a bottle. Peggy never, at any time, had a drop of milk in her breasts.

There is no history of syphilis or other constitutional disease in Peggy or her husband, and, so far as I can learn, no treatment was ever used except during the flow which invariably preceded the abortion.

I think the case remarkable in that a labor at term followed two months flow, preceded by ten abortions, all within a period of six years. It will, at least, prevent me from giving such an unfavorable prognosis, as I otherwise would in cases where abortions have occurred several times in succession.

In explanation of my prescription for ergot, I may say that I fully believed at the time that a foetus had already passed, and nothing remained but a portion of after birth. I saw the patient but once, at the beginning of the flow, and generally prescribed on information furnished by her husband. I now believe her last conception was twin, and that she aborted one foetus and its placenta, and carried the othto full term.

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Editorial Department.

THE MEDICAL PROFESSION AND THE USE OF ALCOHOLIC LIQUORS.

At a recent session of the Philadelphia County Medical Society Dr. Henry Leffman read a paper on the above subject, which brought out quite a discussion from the members, which in Philadelphia, as elsewhere, are divided on this question. It is of some interest to note that they agreed at least on one point, namely, "That alcoholic beverages are unnecessary to the healthy organism." It may not be amiss, and of some interest, to note some of the principal points made by the essayist, as well as to quote from the remarks of the various gentlemen who took part in the discussion afterwards.

The author starts out with the accepted proposition already quoted, "That the use of Alcohol is not Necessary to the Maintenance of Ordinary Health;" touches lightly upon what is known and accepted of its physiological actions; deplores its use as a beverage under the guise of bitters, tonics, &c., but at the same time shows a perfect familiarity

with the temperance problem by deploring the misguided state of the public mind--a business men's moderation society which gravely condemns the harmless glucose in a glass of beer and inferentially at least gives a certificate of wholesomeness to another glass containing four to five per cent. of alcohol.—the profession, chemists, etc., who indiscriminately certify to the value of this or that liquor, champagne, etc., and finally, he assert that the medical profession is largely responsible. The latter assertion we believe too sweeping. unless the doctor wishes it to be incumbent upon every physician to stop on the street corner and argue temperance with every whilom patron. Excuses for drinking are innumerable, and it has happened to us to run across men who were habitual drinkers, to their own detriment, who stated that Dr. So-and so advised them to drink. On inquiry the fact was developed that this was perhaps a dozen years ago; that the beverage was advised during an acute attack of sickness. and that the physician was in no measure to blame The doctor, perhaps, is right. for the evil. Greater care be while prescribing should exercised liquors. The points for discussion which were finally brought out were:

1st. That the use of alcohol in any form in any amount by persons in ordinary health was deleterious. This is a broad and sweeping statement, as remarked by Dr. Eskridge, but perhaps in the main correct. Yet the very best authorities on the subject admit that certain conditions may arise in health when alcohol may be administered with benefit, yet this is from a physiological standpoint. The first question remains when applied to its use as an ordinary beverage. The question may be stated in the following words: To the young it is positively injurious, the middle aged do not need it, while in old age it can frequently be used with decided benefit.

2d. That the medical profession by its lax attitude on this question was responsible for much of the prevailing abuse of alcoholic liquors.

We have already treated on this question. It is necessary to add that the gentlemen taking part in the discussion did not all agree on this point.

The 3d point, that if alcohol is given at all it should be used as such, as the benefits which are supposed to be derived from alcoholic liquor are ascribed to the alcohol they contain, does not really make any difference. If a man becomes an habitue of alcoholic liquors, it makes but little difference what kind.

The discussion in the session took a very wide range, and is too lengthy for reproduction, but we cannot help quoting the following attributed to Dr. Frank Woodbury:

"I would suggest, at the outset, that in reality the treatment is not so entirely under the control of the physician as is implied by the question, Is it not the fact that the patient who employs the medical attendant, and if he is not treated in accordance with his ideas he becomes dissatisfied, loses confidence in his physician and engages another? illustration may be given: When a Chinaman falls sick, he. as a rule, will, if possible, secure the services of the kind of physician that his parents and friends approve of. A sick Indian in the same way prefers the treatment of his medicine man to that of the most scientific post physician. not also true that, in more cultivated communities, the physician who is called upon in the hour of sickness is the one whose thoughts and prejudices best agree with those of his patients? Patients certainly should not be allowed to dic. tate in the details of treatment, but their unrelinquished right to approve or reject the general plan of treatment can not be disputed. It may seem like a humiliating admission but it is true that, in a community where the taverns far exceed the bakeries, total abstinence physicians will have more opponents than clients."

This is concisely stated, and in many instances undoubtedly true, yet in the abstract we think it will be found that the man who suffers from delirium tremens, will prefer to

send for a physician he knows to be sober. This, of course, does not imply that he will send for the rampant temperance reformer. The entire question is an intricate one, yet we don't believe in laying more of the moral responsibility on the physicians as a class than they are entitled to bear and make him a scapegoat of a depraved appetite.

ACUTE GASTRITIS.

That great minds will differ was recently recalled to mind while reading an article in the St. Louis Courier of Medicine on the above subject, by our friend Dr. J. M. Allen, of Liberty, Missouri, at the present time occupying the chair of Theory and Practice in the University of Kansas City. The article itself is a good one, and gives a good sketch of six cases of what Dr. Allen terms acute gastritis, out of a total of twenty-seven treated by him in fifteen years, and we regret that want of space will not permit us to copy the article entirely.

The point to which we wish to call attention is the classification adopted by Professor Allen, which is so totally distinct from what is now generally adopted by authors and teachers and the profession generally. Flint, in his work on practice and clinical medicine both, states "that pathological and clinical researches have shown that acute inflammation in this situation is one of the rarest of diseases. So infrequently in fact that many physicians of long experience have never met with an example."

The author in Reynolds' system of medicine states the same thing, that the disease is very rare except when produced by an acrid poison.

The croupous anddiphtheritic inflammation and inflammation of the sub-mucous connective tissue of *Neimyer* are identical with our classification of acute gastritis, and no one can or will claim that they are of frequent occurrence.

Returning to the Professor's article: Among the causes, mitral, and aortic lesion, rheumatism, over depletion, malaria &c., are cited. That obstructive diseases are frequent causes of

sub-acute or even acute catarrh of the mucous membrane, we are willing to admit. Phthisis pulmonalis might have been added to the category, but we cannot see in what manner it could by any possible means produce what we believe and is now generally understood as acute gastritis. The remaining causes belong to the same category. The clinical histories as given by the doctor make criticism in a diagnostic point of view unnecessary. Such is really not our intention, but to call attention to the loose manner in which the term gastritis is used, and how perplexing it must be to one who is endeavoring to master the intricacies of the pathological anatomy of inflammation to be confronted by an article like the one under discussion, and headed as this one is, "Acute Gastritis."

Sub-acute gastritis, gastric catarrh or catarrhal inflammation of the mucous membrane are frequent, while acute gastritis is rare. Hence a definite and distinct understanding of what is really meant is almost absolutely essential. Hence its importance and our protest.

EDITORIAL PERISCOPE.

MISTAKES IN NURSING.

A physician contributes to Chamber's Journal a paper on the nursing of the sick, from which we extract the most practical portion of the M. D.'s suggestions. It will be observed that the writer dwells upon the importance of avoiding over-attention on the part of the attendant in the sick room, and the importance of quietude, which he defines as the absence of all excitement, and it must be remembered, the writer further adds, that anything out of the common will tend to excite the mind of a sufferer. Do not, therefore, walk on tiptoe, for this, in addition to its unusual elaboration of the gait, invariably causes a certain amount of creaking. Speak in low tones, but don't whisper; a whisper will often awaken a sleeper who would not be dis-

turbed by ordinary conversation; and never say "hush!". Let your clothes and foot covering be of as noiseless and unobtrusive a character as possible, and instead of gliding and tottering about like a rickety ghost, do not hisitate to walk. If you have occasion to say anything in the room, say it so that the patient can hear it if he wishes, and do not let him be aware of your conspiring privately with the others, especially at the door.

The door has much to answer for. If it be visible from the bed, people open it cautiously, put their heads in, and slowly withdraw again. If, as is more frequently the case, it is screened by the bed curtains, mysterious openings and shuttings are heard, unattended with any ingress or egress, and soto voce colloquies go on outside. When you enter, do so honestly and at once; do not spend five minutes in turning the handle, like a housebreaker, thereby producing a series of irritating little clicks, finally terminating in a big snap, with which the door flies open. If the latch be at all rusty, a handle that is slowly wound back in this way will often stick, and either required to be rattled back into position, or, if left as it is, may start back suddenly after a time of its own accord with a report like a pistol shot. ways well to recollect that it by no means follows that a sick person is asleep because his eyes are shut; he may be acutely conscious of all that is passing in the room, though unable or unwilling to make any sign; and nothing can be more maddening, under such circumstances, than to have people hush-sh-ing, and whispering around, and creaking about on the tips of their toes. We have all sympathized in our hearts with poor Sir Leicester Dedlock when his tongue was smitten with paralysis, with his sister constantly bending over him with clasped hands and murmuring, "He is asleep!" till, goaded to desperation, he makes signs for his slate and writes, "I am not,"

Never stand at the foot of the bed and look at the patient. While talking to him it is better to sit by the side of the bed, and as near the pillow as possible, so that you may converse.

easily, while your face and body are turned in the same direction as his. By this means you can make all necessary observation of his features without enforcing the arrest of his eyes to your own, which is so embarrassing and disagreeable to one lying in bed, and is almost unavoidable when facing him. Keep him in as comfortable a position as possible, by all means, but don't be too demonstrative in smoothing the pillows and little offices of that sort. Fidgety attentions will worry him, and do him more harm than downright neglect.

When you are sleepy, it is better for your charge, as well as for yourself, that you should go to bed at once, and get that repose in slumber to which you must succumb eventually, however strong your devotion may be, and however great the interests at stake. It is not necessary to dwell here on the prudence of economizing your strength, that you may be capable of greater or prolonged exertions. should the need for them arise, or to look at this detail from the point of view which affects yourself. But in any case, you can be of little or no service, worn out with fatigue. and in a condition more akin to somnambulism than vigilance, and the spectacle of a nodding, dozing nurse, is neither soothing nor reassuring to the sufferer; while, if you be one near and dear to him, he will be tormented with anxiety lest you should impair your own health on his account. In such a case as this, you cannot do better than lie down comfortably on a sofa or bed where he can watch you, and there have a good nap-for his sake.

Some people have a great notion of "tempting the appetite" by the suggestion of all manner of eatables and drinkables, or by bringing them ready prepared to the bedside experimentally. This, no doubt, is very well at times—during convalescence, for instance; but as a medical man, I am persuaded that it is a mistake in the earlier stages of an illness, when all food is loathed alike, and the creation of an appetite is an impossibility. The only thing to be done is to impress on the invalid the necessity of taking what is

ordered for him at stated times, just as he takes his medicine; and it should be prepared on the same footing as a medicine—with the understanding that it is a nauseous dose, and must be presented in a form that will admit of its being swallowed as compactly and rapidly as possible. worse than useless to employ flavoring matters at this stage. with the idea of making anything palatable; if you can render his food absolutely tasteless, you will do far more for him. And beyond this forcible administration, so to speak, of a certain amount, I think little good is gained by suggesting this or that delicacy, in the hope that your patient may be induced to "fancy" something. We may take it for granted that when he feels inclined for anything he will ask for it spontaneously; and the promptings of nature are more likely to lead him to a choice of what is best for him. than our string of suggestions. I have frequently observed that when sick people have mentioned a desire for any special food, they almost invariably eat it when it is procured, whereas it often happens, when they have been persuaded to assent to something which has been proposed, the inclination—if it ever existed—has passed away before the dish or article can be brought to them.

I say, "if it ever existed;" for there is no doubt that a patient often yields to suggestions in sheer extremity, simply for the sake of peace. I happened to be in a sick room the other day, when a relative arrived on the scene. She had been warned to repress all emotion, and succeeded very well; but her tender solicitude was wholly irrepressible. I am sure that she asked at least twenty questions in less than a minute, until the unhappy sufferer writhed under them. "Shall I raise your head a little? Will you have another pillow? Wouldn't you like your head a little higher? Let me fan you. Will you have the blind up? What can I get you? Some arrowroot? Do try some. I am sure you will be more comfortable with another pillow. Will you have one? yes, do! I'll go and get one. Will you have a cup of tea? I'm sure it would do you good. A cup of tea won't

take a minute," etc. The cup of tea has been a dreadful instrument of torture in the hands of well meaning people, who would not knowingly have teased a fly.

These are small things, you will say. But a small thing in health is often magnified to a grave matter in sickness, and the sum total of them all may be as serious in their effect as the disease itself. It will be seen that the few points upon which I have laid stress are such as are calculated to promote tranquility of mind—which, indeed, is half the battle in medical treatment. It is generally conceded that a trained nurse, who has no interest in the patient beyond that which the duties of her office impose, is better fitted to expedite his recovery than those who are bound to him by ties of affection, however welcome their presence may be in the hour of affliction. Whether the reader will agree with me or not, my experience in foreign countries has impressed me with the conviction that men make far better nurses than women.

THE MOUNTAINS OF NEW ENGLAND FOR HEALTH AND LONGEVITY.

A student of the tenth census finds in the New England States one person over 80 years of age to every 134 inhabitants; in New York, 1 to 161; in the three Middle States the average is 1 to 182; in the six Atlantic States, 1 to 203; the Gulf States, 1 to 300; in Texas, where many persons die with their boots on, only 1 to 497. As we journey northward it gradually rises again. We find in Kansas, Minneabout 1 to 650; in Iowa, 1 to Nebraska 324; in California, Oregon and Montana, 1 to 500, etc. The explanation will at once suggest itself. It lies in the fact that the younger blood emigrates westward, while the older heads remain at home. Such statistics are on a par with a map made by the Census Bureau in 1870, where an area in a neighboring county was shown to be absolutely free from phthisic, which was really the truth, but due to the fact that the area was practically uninhabited. Digitized by Google

THE TREATMENT OF PSORIASIS.

Pre-eminent among the internal remedies which are useful in the treatment of pseriasis is arsenic, which may be justly called a specific in this disease. I think I am not asserting too much when I say that eight out of ten cases of psoriasis of average character and severity will do better under the use of arsenic than with any other remedy. I prefer Fowler's solution, given in the average dose of four minims thrice daily. I think this solution is often prescribed in too large doses, and I am sure the dose of five to ten minims, as given in the books, is too large for ordinary use. Most patients bear a four-minim dose very well, but there are idiosyncrasies. I have sometimes been obliged to limit the dose at the beginning to one minim in cases where subsequently such toleration has been established that twelve minims have been taken with impunity. However, four minims is a good dose to begin with, and, if the effect does not begin to show itself within ten days or two weeks, the amount may be gradually increased. Fowler's solution should never be given to the patient in a phial with directions to drop out the requisite number of drops. patient is apt to make a mistake, phials of different sizes may pour out more or less in each drop, and there is always danger in leaving a half-empty phial of poison about the house. The solution is better given mixed with water, or with wine of iron or other convenient vehicle. produced by arsenic upon the eruption of psoriasis is, first, in diminishing the quantity of epidermic scales thrown off, and then in preventing the appearance of new lesions. The patches gradually lose their scaliness, begin to heal in the middle, and disappear little by little. It must be remembered, however, that arsenic is a slowly acting remedy, and its use should be continuted through many months to get the best security against relapse. The other liquid preparations of arsenic used in psoriasis are Pearson's solution of the arsenate of sodium, and Donovan's solution of the

iodide of mercury and arsenic. I have used the former in a few cases without noticing any perceptible difference as regards efficiency between it and Fowler's solution. The solution of mercury and arsenic (Donovan's) I have employed in certain stubborn cases with good effect where Fowler's solution has seemed to fail. The existence of syphilis as the cause of the eruption in these cases having been excluded, I am at a loss to account for the apparently greater efficacy of the mixed treatment. The dose given was as much as ten drops, and, although this solution is weaker in arsenic than Fowler's, yet I am inclined to the opinion that the conjoint administration of the two drugs, mercury and arsenic, was the cause of the good result rather than the increased dose. I should be inclined to use Donovan's solution in cases where Fowler's solution had failed. The mixture of arsenious acid, black pepper, and sugar of milk, known as Asiatic powder, and recently placed is the Pharmacopæia with the pepper left out, among the triturations, is of no particular value above the other preparations, and is not so convenient of administration. Hypodermic injections of solutions of arsenic have been employed in the treatment of psoriasis, but I have had no experience in their use.—Dr. Shoemaker in N. Y. Med. Journal.

MEAT.

The value of meat as a food is due in a degree to its heat-producing properties, though in this respect it is surpassed by fatty and amyloid substances. It is as a tissue building material, and as an excitant of assimilative changes in the tissues, both with regard to itself and to non nitrogenous foods, that it is most useful. It is stimulant as well as nutritive, and it therefore holds a deservedly high place in the daily dietary. Experiment has shown that three-quarters of a pound of lean meat fairly represents the quantity per diem which, taken with other less nitrogenous matter, suffices to maintain a person of average size and weight in a normal

state of health. Some there are who largely exceed this standard, eating freely of meat at every meal, and living all the time quiet, sedentary lives. Such carniverous feeders sooner or later pay a penalty by suffering attacks of gout or other disorders of indulgence. But it is equally important to note that many others, especially women, healthy in all points but for their innutrition, are apt to err as far as on the other side. Thus one meets with people who consume about a pound of butcher's meat in a week, or not even This fact has been fully brought out by Dr. Graily Hewitt, in his address to the Obstetrical Section at the recent meeting of the British Medical Association. He has likewise with much probability assigned this defect of diet as the chief cause of that general "weakness" which is so common among the antecedents of uterine displacement. The experience of many practitioners will confirm his ob-Different causes are at work to produce this kind servation. of underfeeding-too rigid domestic economy, theoretical prejudices, the fastidious disinclination for food which comes of a languid indoor life without sufficient bodily exercise. tight lacing perhaps, and many more. These difficulties are all more or less removable, unless, indeed, where absolute poverty forms the impediment. No effort should be spared to remove them. The advantages derived from a diet containing a fair amount of solid animal food could not be obtained from a purely vegetable or milk regimen without either unnecessarily burdening the digestive system with much surplus material, or, on the other hand. requiring such revolutionary changes as to quantity and quality of food and times of eating as would probably altogether prevent its general adoption, even were that desirable, into household management. In our opinion, such changes are not desirable, as being inadequate to secure their purpose. Lancet.

M. PASTEUR'S INSTRUCTIONS TO THE MEMBERS OF THE FRENCH COMMISSION SENT TO STUDY CHOLERA IN EGYPT.

"These instructions," M. Pasteur writes to the London Times, "all relate to cases in which the disease is supposed to be at a maximum of intensity. Besides, they are based on the supposition, which I consider very probable, if not certain, that cholera does not enter the human system through the organs of respiration, but through the digestive organs alone, except under very exceptional conditions."

1. Not to use any of the drinking water of the locality in which the members may be pursuing their researches without having previously boiled it, and when cold fill a bottle to one-half its capacity, cork well, and shake for some minutes.

The water of the locality may be used provided it is taken from the spring and is put into what he calls vases flambes, that is, exposed for some minutes in air heated to 150° C. (302° Fahr.).

- 2. Natural mineral waters may be safely used.
- 3. Wine heated in bottles from 25° to 60° C. (77° to 140° Fair.), and used from glasses flambes, may be taken.
- 4. Use only food that has been well cooked and fruit which has been washed in boiled water preserved in the vessels in which it has been boiled.
- 5. Use bread which has been cut into thin slices and then exposed for twenty minutes to a temperature of 150° C.
- 6. All the vessels (vases) employed for alimentary purposes (aux usages alimentaires) should be heated to 150° C., or more.
- 7. Bedclothes and linen used on the person (linges de toilette) should be soaked in water above the boiling point (tres bouilante), and then dried.
- 8. Water nsed for the toilet should be previously boiled, and then, when cold, there should be added to it one five-hundredth part of thymic acid, or one-fiftieth part of carbolic acid (acide phenique).

- 9. Wash the hands and face several times a day with water to which thymic acid dissolved in alcohol, or carbolic acid in water, has been added.
- 10. Only in cases in which it becomes necessary to handle the corpse, the soiled clothing, or the excreta, will it be necessary to cover the mouth and nostrils with a mask formed of two layers of fine wire cloth. Between these is placed a moderately thick layer of cotton. This mask before use is to be exposed to a temperature of 150° C., and is to be disinfected and purified by exposure to the same temperature every time it becomes necessary to use it.

The Journal d'Hygiene remarks upon them in substance as follows:

It seems like a dream to read such details. Why not advise the commissioners to shut themselves up in a heated oven for twenty-four hours? If, indeed, so much time is required for the commissioners to protect themselves, what time can they find for scientific investigations?. Truly, an admirable illustration of the difference between the mere experimentalist in dealing with epidemic diseases, and the courageous physician who comprehends their nature in general terms, and proceeds to get clear of them by means of destructive agents.—Scientific American.

DR. H. H. KANE.

A number of our exchanges are hastily calling attention to this individual, who it seems has been imposing upon the gullibility of editors and physicians until the editor of the Iowa State Medical Reporter got hold of one of his circulars entitled the "Living Death," and exposed the fraud. It is even now claimed that Dr. Kane is a habitue of the drug himself. We would however caution some of the over anxious friends, the main accuser sends entirely too many circulars and reports of cases.

A NEW METHOD OF SEWER VENTILATION.

The description and drawings of an ingenious contrivance for ventilating sewers and purifying sewer-air have been fowarded to us. The idea seems so good that we regret we have not been able to see it practically applied, though it is stated that successful experiments have been made at Manchester. The apparatus is patented by Mr. T. S. Wilson. F. S. I., and Mr. H. T. Johnson, and is called the Patent Hygienic Furnace. Profiting by the proximity of the gas mains to the sewers, the patentees have contructed a gas furnace to be inserted in the man-holes. The gas is introduced into a little chamber, where it is mixed with a due proportion of air and supplies some Bunsen burners. mediately above the gas there are some fire-clay plates. which soon become heated; while above them are iron The heat naturally draws the air up from the sewer below; it passes through the Bunsen burners backward and forward over the fire-clay plates and iron divisions, till at last it finds its exit in the ventilation chamber. or, man-hole, and hence through the grate into the street. The furnace not only causes a strong current of air from the sewer, but, as it is capable of being heated at from 600° to 700° Fahr., it should destroy all the germ-life that travels with the sewer-gas. Experiments with sterilized infusions of meat have been made, and whereas ordinary air drawn from the street soon caused the infusions to become turbid with animalculæ and fungoid life, no such effect was produced by the sewer-a'r taken after it had passed through this furnace. There is, however, one objection to furnaces when employed to ventilate sewers. tainly produce a very active suction, but the effect, however energetic, only extends to a short distance. We would. therefore, suggest that these ventilating furnaces should be as small and as inexpensive as possible, so that a large number of them might be used, and these at very short intervals.—Lancet. Digitized by Google

QUINIDINE AND ITS ALLIES.

Researches into the action of the secondary alkaloids of opium resulted in the valuable addition of codeia to the Pharmacopaia. The investigations of M. Laborde give reason to hope that benefit may arise to medicine from the further study of the alkaloids other than quinine, which are found in cinchona bark. That observer has lately given much attention to the study of the physiological action of This principle he finds to agree with cinchonine and cinchonidine in producing convulsive movements of the body, while quiuine appears to be incapable of doing so. A guinea-pig, beneath whose skin some sulphate of quinidine was injected, quickly passed into a stupid semi-conscious state, and was seized with opisthotonic convulsions. and clonic muscular contractions succeeded one another till death by asphyxia ensued three quarters of an hour after the injection. Cinchonine and cinchonidine possess the convulsive property in a more marked degree than quini-This drug, therefore, holds a middle position between the alkaloids just mentioned on the one hand, and quinine on the other; but its affinities are stronger on the side of the former group. An impure specimen of sulphate of quinine, experimented with in like manner, gave the convulsive reaction, thus proving the presence of the other alkaloids, and illustrating a remark of M. Laborde, that one advantage gained by his experiments is the establishment of a physiological test of the purity of these substances.— British Med. Jour.

[&]quot;When you consult with other doctors, whether in your cases or not, it is right to charge the same amount for your services as the consultants charge for theirs. You lose as much or more time than they at each consultation, your reputation is equally or more involved than theirs, and unless they are celebrated specialists, there is no reason why your fee should not be equal to theirs."—Physician Himself.

MEDICAL ETHICS.

From the Globe-Democrat we learn that Drs. Atwood, Love and Watkins, (the latter, formerly of New Pittsburg, Kan.,) have been sued for \$50,000 damages by one Dr. Fitzporter, who was recently expelled from the St. Louis Medical Society at their instance.

Also that at a recent executive session, Drs. A. C. Bernays, Charles Borck and A. D. Williams, were tried for having violated section 3 of Art. I, of the Code of Ethics. The charges against Bernays and Borck were that of having mailed to physicians circulars setting forth the fact that they were connected with a private hospital with the usual addenda of Prof. so and so, and members of such and such society.

Dr. Williams took the nearest cut and advertised in the secular newspapers at once. Dr. Bernays resigned from the society. Dr. Borck plead ignorance. Dr. Williams had nothing to say.

PEPSINE LOCALLY FOR ULCERS WITH LARGE SLOUGH.

"Dr. A. B. Whiteledge (Medical Press), states that in these ulcers the slough remains frequently as a hard, white mass, very slow and tedious in separating from the subjacent tissue. There being no chance of healing while this slough remains, it should be removed. Finding the ordinary methods slow in effecting this removal, he was led to try the effect of pepsine as a dressing, and has now used it in some half dozen cases, and with the most satisfactory results. Within a week it dissolves the slough, and leaves a granulating surface, very amenable to further treatment. He applies a lotion containing pepsine wine, mixed in varying strengths, but usually about half pepsine and half water, with a little tincture of lavender to improve its appearance, to the ulcer.—Gaillard's M. J., June 23.

ANTISEPTIC FRIGIDITY OF WOUNDS.

The healing of open wounds is said to take place more slowly under the influence of antiseptic dressings. It would seem, according to M. Gosselin, that the antiseptic substances exert an antiphlogistic action on open wounds. preference to speaking of such an effect as antiphlogistic, M. Gosselin would use a new term—frigidity. By frigidity, then, we are to understand the slowness of reparation and cicatrization of an open wound. In 1879 and 1880 MM. Gosselin and Bergeron showed that antiseptic agents impede the alteration of the blood about wounds, not only by purifying the atmosphere of the germs of putrefaction, but by rendering the extravasated blood less liable to undergo putrefaction. It has been since determined that this change in the blood also takes place within the capillaries, and consists, in fact, in a coagulation of the albumenoid materials. Weak solutions of carbolic acid, alcohol pure and diluted, and camphorated brandy, all give rise to coagulation of the blood in the capillaries, as well as outside the vessels. eirculation is thereby arrested, and this occurs without any vascular contraction. The stronger the antiseptic solution the more rapidly was the circulation arrested. Gosselin believes that this limited amount of arrest in the circulation is not accompanied by any gangrene of the tissues.—Lancet.

A SAFE REMEDY FOR WARTS.

To such as have seen the destructive effects of chromic acid when used to remove warts, etc., Dr. C. H. Russell, in the Scientific American, recommends glacial acetic acid as a never-failing and safe remedy for the same purpose.

THE BEEF TEA FALLACY.

Professor Baumgarten, in a recent number of the St. Louis Courier of Medicine, exposes the fallacy of beef tea and all extracts or products of meat in which, during its method of preparation, the muscular fibre is not thoroughly dissolved He carefully prepared a beef tea in the usual or admixed. way and subjected the resulting liquid or tea to a careful analysis, and as a result, he obtained three grains of protoid substance from four ounces of beef tea. At the preparation of the teathe myorin is stewed down a little more tough and insipid, deprived of its salts, yet containing all the strength of the beef. Four fluid ounces of beef evaporated in a water bath left exactly fifty-one grains of solid matter as a Beef tea prepared at home, or the various essences or extracts, are in no sense good and useful, only so far as they stimulate the appetite and facilitate the digestion of other food.

THE HYPODERMIC SYRINGE.

Dr. Frank D. Stevens, of Lynn, Mass., writes: "I have never had any trouble with my hypodermic syringe since I have adopted the method of adjusting a rubber tip to the lower extremity of the syringe. For this purpose I use the upper two-thirds of a common rubber tip such as is found upon an ordinary medicine dropper. In this way the syringe is kept absolutely tight, and if care is taken to leave a little of the solution in the syringe after using, the packing will remain moist and pliable for a long time."

NOTICE.

Dr. John R. Cheaney having resigned his position as business editor, this duty will for the present at least be performed by the editor. We wish also to say that any orders for surgical instruments which parties may wish to place in our hands will be promptly attended to, or they may be sent to Messrs. Leslie & Co., direct.

THE REMAINS OF WM. HARVEY.

For more then two hundred years the remains of the illustrious Wm. Harvey had slept in a dilapidated country church yard, at Hampstead, England, until October 18th last, when they were removed to the Harvey Chapel above. Where they now rest in a handsome sarcophagus.

The transfer were made by the Royal College of Physicians. Many medical men, among them Paget, Jenner and others were present. Thus the remains of the discoverer of the circulation of the blood will at last perhaps occupy their final resting place, while his memory will live until heart beats shall cease to be counted and the pulse-wave cease to be useful as a diagnostic symptom.

DR. MARION SIMS.

Dr. Marion Sims, a physician well known in this country and Europe, died in New York City, November 13th inst., of heart disease. He attended a patient last evening, and retired apparently in his usual health. Early that morning he conversed with his wife, and shortly after she observed something wrong, and immediatly summoned their son, also a physician. An examination showed that the Doctor was dead. Dr. Sims had intended sailing Saturday for Europe.

FORMULÆ FOR CANCER.

The Medical Gazette gives the two following prescriptions as useful in the treatment of cancer:

Ry. Sanguincriæ canadensis, 12 grs; arsenici iodidi, 2 grs; ext. conii, 40 grs. Mix. Divide into 24 pills, 1 to be taken three times a day.

By. Bromidi chloridi, 3m; pulv. glycyrrhizæ, 60 grs. Mix. Divide into 20 pills, of which 1 is to be taken two or three times daily.—Druggists' Circular.

A PREVENTIVE OF DIPHTHERIA.

Dr. F. P. Parker, of Charleston, South Carolina, sends the following to the *Therapeutic Gazette* to be used as a preventive by persons exposed to the contagion:

Ry Chlorate of potash, 1 to 2 drachms.

Mur. tinc. of iron, 2 to 3 drachms.

Hypophosphite of soda, 1 to 2 drachms.

Alcohol, 1 to 2 ounces.

Water, 6 ounces. M.

S.—A teaspoonful to a dessert spoonful two or three times per day.

OBITUARY NOTICE.

Brigadier General Charles H. Crane, Surgeon General of the United States army, died at his residence in Washington, on October 10th, 1883. Dr. Crane was a native of Rhode Island; born in 1826, appointed to the army in 1848, promoted to Surgeon in 1861, Assistant Surgeon General in 1866, Surgeon General August, 1882.

Prof. W. H. Byford, jr., died recently at St. Paul, Minn., of phthisis pulmonalis—though yet young, only 27—gave great promise of a brilliant future. The deceased was a son of Prof. Byford of Chicago.

OUR ADVERTISERS.

The advertising department of our journal does not really come within the province of the editor, but concerns the business interest and proprietors. Yet it may be admitted that the number and character of its advertising pages may, in a measure, at least, be accepted as a criterion of its success and value. Our readers will, therefore, pardon a reasonable amount of pride in calling their attention to our advertising pages, representing, as they do, nothing but what we can fully endorse.

BOOKS AND PAMPHLETS RECEIVED.

The Best Method of Treating Operative Wounds, by Henry O. Marcy, M. D., Boston, U. S. A.

The Medical World, monthly, 28 pages, C. F. Taylor, M. D., editor, Philadelphia, Pa. The Medical World, 212 South 11th street; 60cts per year.

The Iowa State Medical Reporter, edited especially for the medical profession of Iowa. Published at Des Moines, Iowa, at \$2.00 per annum.

The Polyclinic, monthly, conducted by the Faculty of the Phila. Polyclinic and College for graduates in medicine. \$1.00 per annum; P. Blakeston & Co., Publishers.

Observation on the Management of Euteric Fever, by James C. Wilson, M. D., extracted form the minutes of the College of Physicians and Surgeons of Philadelphia.

The Kansas Picture Book, by G. E. Tewksberry; A. S. Johnson, Publisher, Topeka, Kansas. This is a very handsome volume, gotten up by the Land Department of the A., T. & S. F. R. R., and full of interesting facts to Kansans and landseekers from the East.

The Physician's Visiting List, 1884, 33rd year of publication; Philadelphia, P. Blakeston, publisher. The Physician Daily Pocket Record and Visiting List 1884; by S. W. Butler, M. D.; editor by D. G. Brinton, M. D., 1884; 18th year of publication, Philadelphia, Pa. Medical and Surgical Reporter Publishing Co. Both of these little works have been revised and enlarged, and are well suited to the purpose for which they are designed. A daily companion to the active and busy physician.

Collective Investigation of Diphtheria, as conducted by the Therapeutic Gazette, with editorial comment by J. J. Mullheron, M. D.; Detroit, Mich.; George Davis & Co., Medical Publishers.

While undoubtedly good and candid reasons may be assigned why, as stated by one journal, these reports are valueless, yet we cannot help but believe that in a disease like diphtheria of which we know so little as yet, collective investigation, like the one under consideration, will do good. It is true, the answers are so at variance that nothing is proven, yet certain conclusions may be drawn as probable.

OUR ADVERTISERS.

NICOTOL, an improved sheep dip, is very highly recommended.

Scheffer's Pepsin is one among the very best of that useful drug so much in demand.

Frederick Stearns & Co., manufacturing pharmacists, offer a reliable line of fluid extracts, pills, powders, etc.

Anglo-Swiss Milk Food.—The chemical analysis shows this to be an excellent substitute for mother's milk.

REX MAGNUS, the new Food Preservative, receives the unqualified endorsement of chemists and health officers.

The Road Cart manufactured by W. E. Church, is simply perfection, and needs only to be seen to be appreciated.

TROMMER EXTRACT MALT, the first in the market, has always maintained its leading position. We use no other.

CELERINA, a combination of celery, coca and viburnum is highly spoken of by many leading practitioners as a nerve tonic.

The ARTHUR GYNECOLOGICAL CHAIR is in such general use that no one having one in the office will ever do without it again.

John Wyeth & Bro., popular Philadelphia chemists, offer a very reliable preparation of Ergott, to the efficacy of which we can personally attest.

R. & J. Beck's microscopes are the best manufactured. We have one of their instruments in use, and are well pleased with the same.

Fellows' Hypophosphites enjoys an enviable reputation as an invigorating tonic, pleasant to the taste, and harmless even during a prolonged use.

LISTERINE, a combination of antiseptics, as a dressing, always ready for use, is highly recommended by Professors Reynolds, Marcy and others.

LITHIATED HYDRANGEA, but recently introduced, and said to be useful in vesical irritation. The Hydrangea enjoys a certain amount of reputation as a remedy in renal calculi.

Battle & Co., chemists' Iodia is familiar to many of our readers as an excellent alterative, an ounce containing five grains of iodide of potassium and three grains of phosphites of iron.

LACTO-PEPTINE has been so long before the profession that anything which we might say in its favor will be superfluous. The high standard of purity is constantly maintained by the manufacturers.

Ely, Lilly & Co., the well-known pharmacists of Evansville and Indianapolis, Indiana, have established a branch house in Kansas City, where all their goods may be obtained. They make a specialty of fine pharmaceutical preparations. A. M. Leslie & Co., surgical instruments, the oldest establishment of its kind west of the Mississippi, still leads the van. Dr. J. R. Cheaney, our former business manager, will call on the physicians of the State with a very large line of samples.

PINUS-CANADENSIS, prepared by J. C. Richardson, chemist, St. Louis, Mo., of but recent introduction, is rapidly coming into general favor and use as a mucous astringent. A limited use in post-nasal catarrh has attested its value in our hands.

Cosmoline, (Unguentum Petrolei), petroleum ointment under the various names of vazaline and cosmoline, has come into such general use that a pure article is a great desideratum. Messrs. Houghton & Co., just furnish such an article as we can commend.

Physicians are often asked by their patients to give their opinion on a good sheep-dip. To the profession we take pleasure in calling attention to an advertisement in this month's issue of "Nicotol," an improved sheep-dip. This preparation is acknowledged to be the safest, cheapest and best in the market. A trial only is necessary to establish its value. It is the only reliable cure for Texas Itch or Scruff on horses and cattle. Directions accompanying each bottle. Give it a trial.

PARKE, DAVIS & CO.

No house in the country has done more to afford the profession the means of testing the various new remedies constantly introduced, and for which they are to be commended.

Kansas & Mo. Valley Medical Index.

"Independent in All Things, Neutral in Nothing."

Vol. 4. FORT SUOTT, K'ANSAS, DECEMBER, 1883.

No. 12.

Original Communications.

THERAPEUTIC USES OF WATER.

BY W. C. OTTERSON, M.D.

The important offices of water in the animal economy may be partially estimated when we take into consideration the physiological fact that it supplies three-quarters of the whole constituents of the human body, and that nineteentwentieths of the circulating fluids are water. Although water was a well-known remedial agent before the Christian era, it fell into neglect for many centuries, having been revived in the beginning of the present century in Austria by Priessnitz. His experiments, cures and contributions drew the attention of modern Europe to its beneficial actions in diseases, and although his theory was for the most part an erroneous one, "that through the skin merbid products were eliminated, and thus diseases were washed out."

Subsequently the experiments and contributions of Scoutteten, Fleury, Barde, Johnson, Bell, and others, have given a more scientific rationale to the subject of hydrotherapeutics, and these observers show that it is through the nervous centers that influences for good, for the most part,

are effected. Richardson has shown the modifications of cold, varying according to the degree and duration of refrigeration. "The cold raises, lowers or abolishes the excitability of the censory nerves. When the temperature of the skin is a little below 35° C. vascularization becomes more active, and sensibility more exquisite. When the integument is cooled still more, sensibility undergoes diminution. and at 8° below zero it is abolished altogether. application produces hyper-asthesia, and the second anasthesia." Waller Eulenburg and Wier Mitchell have confirmed these observations. Brown-Sequard and Vulpiar have shown that where one hand was plunged into cold water the temperature of the other hand is lowered, the index of the thermometer following the alternations as the hand of the other side is subjected to the varying temperature; and that the reflex phenomena determined by local application of cold to the skin are produced in a point symmetrical to that where the local application is made. It will thus be seen how much wider the field for the application of hydro-therapeutics has become than were contemplated by the originators of this method in the treatment of diseases. Bearing in mind the diverse effects of the bath, it becomes important to point out the nature and designs intended to be accomplished by their application. It is quite evident from the foregoing that for a sudden impression the cold douch would rank first in order, hence its application in hysteria, delirium tremens, chorea, acute congestion of the brain (locally), the cold shock restoring the balance between the functions of the brain and spinal axis on the one hand, and the great sympathetic on the other.

The time of taking a bath, and the duration for each, must be governed entirely by the circumstances in each case. But for stimulating and invigorating baths, the early part of the day is best, and all baths should be taken fasting. The length of time for an ordinary sea-bath should not exceed twenty minutes, and should not be taken more than once in twenty-four hours. The rule for the cool bath to

reduce the temperature in fever should be to use it only when the skin is hot and dry, to continue and repeat as long and as often as is necessary to accomplish the end aimed at. the thermometer being the only sure guide. Long continued sea-baths are liable to induce congestion and engorgement of the deep viscera and brain, a stimulating action thus kept up on all the nervous centers until they no longer respond by proper reaction, and exhaustion, rather than a sense of elastic invigoration, follows. When a sea-bath is not followed by a warm glow, and a sense of invigorating repose, its benefits have been very doubtful, if it has not produced positive harm. The application of cold water in idiopathic fevers dates back, for all I know, to the Chinese. and the wet sheet is the most usual and approved form of administration. In surgical practice with the elastic coil and Listerism, I can't pretend to tell what a surgeon will not promise to do for us. To them Hari Kari has no more terrors. When in fevers where the temperature is very high. and we need the stomach for nourishing the patient, the cold sheet is an admirable and efficient co-worker to aid in controlling the high temperature, and thus tiding over a most critical period in our patient's career, not forgetting its internal use in the infant and adult, as it may be admissible. The cold pack over the bowels acts for good in its reflex influence, and by extracting directly the animal heat. the clinical necessities of the above form of treatment may not be very frequent, when the time and place do present they may become of the utmost importance. This treatment is of doubtful propriety in all cases of acute inflammation of the deep viscera and serous membranes, except the brain. where cold can be used generally with the greatest freedom and benefit. While statistics are not wanting where this cold water treatment has been successfully applied in all forms of eruptive fevers, I have no clinical experience or observations to record. I should not dare to try it.

The rational uses of the tepid and warm bath is to those with chronic diseases, and generally with enfeebled constitu-

tions, the exception to this rule being where in skin diseases there may be found the chronic disease with a comparatively robust constitution. The old gouty, rheumatic and cachetic subjects experience the greatest comfort and temporary relief in their use. Vapor, as well as all sorts of baths were in great favor among the Romans, and the Rome of to-day bears testimony in its ruins of the great baths of Caracalla, where two thousand bathers could enjoy their baths at one time without inconvenience to each other. Here still remain, and may be seen, the pipes in the massive walls, that carried either hot water or steam to give a pleasant and comfortable temperature to the grand room during the chilly months of winter. It is more surprising when history tells us that this great structure was built by a private citizen, and these grand free baths were for the free citizens of Rome. It represented on a far grander scale what in our day is appropriated for free hospitals.

The vapor bath, either local or general, is one of the most valuable agents in our known therapeutics. In the treatment of acute affections of the air passages by inhalation it has no rival. How many of us could recite the happy issue out of desperate cases, where suffocation seemed imminent and inevitable. The convenient form of vapor bath, by slaking quick lime, and submitting the patient to its fumes, is too well known to require anything more than a passing notice. The addition of sulphur to the lime gives a cheap and handy sulphur bath for your cases of rheumatism or skin disease. The late Dr. Dodge, of this city, and the writer of this article, utilized these very easy and simple baths in many ways long before their general adoption by the profession.

The therapeutic action of water internally is first mechanical. Expanding the hollow viscera, diluting their contents, and hastening their expulsion or absorption, it facilitates and quickens the capillary circulations, thus relieving general congestions. By its solvent power, when taken in moderation, it assists digestion. Water, by stimulating

the secretions, quickens the metamorphoses of tissue, and hastens their change, it is supposed, to aid in advancing renal, heptic and vesicular calculi. So much is claimed by the use of pure drinking water. An empty stomach absorbs water most rapidly, and warm water is taken up quicker than cold, absorption by the stomach being in proportion to the quantity drank and its temperature. Drinking cold water in excess impedes the functions of digestion. lowers the circulation and weakens the brain power. Warm water increases the irritability of the stomach, while very cold or very hot water allays the irritability. Hot water is now prescribed for indigestion, gastric catarrh, bronchial and laryngeal catarrh, gastritis, attended with great irritability of The important fact should not be lost sight of, that this action is as useful on the infantile system as in the adult.

The drench is used in acute gastritis. This consists in pouring hot water through a tube previously introduced into the stomach, and kept up until the water regurgitates from the stomach unchanged; thus washing out the organ thoroughly. This practice I have not seen in this country, although I have no doubt in some cases it is very satisfactory in its results. By this operation a patient is enabled to retain in the stomach bland nourishment that before the operation had been immediately rejected. Through the day the operation may be repeated every three or four hours. Being recently called by a very intelligent practitioner to see with him a young married lady who had persistent and alarming vomiting, the use of hot water quieted the irritable stomach, and the knowledge of its application put within reach an easy and safe remedy, that in the hands of the patient restored confidence and hope, the relief from all urgent symptoms having been prompt and efficient. The application of hot water in hemorrhages is too well known to require anything more than a passing notice, but the temperature should be at least 140° F., or as hot as can be borne without injury to tissues.

The drinking of pure cold water at bedtime is a well-known remedy for night-sweats. A glass of cold or hot water the first thing in the morning is an excellent stimulant, and promoter of regular intestinal action.

What has already been said applies only to pure water. hot or cold, or its heated vapor. Now our review will be to another class of waters - mineral or medicated. These are classified in a general way, into sulphated waters, iron waters, carbonated waters, etc. Although the elementary substances which have been found either free or in combination in mineral sources number nearly forty, the important constituents will number only about one-third, the carbonates and sulphates, with their bases, being in the majority and most important, the chemical composition of waters giving only an approximation of their therapeutic value. Hot springs and sulphur springs have attracted the notice of mankind from the earliest history of the world. idea that they were for the healing of the nations led to their application very early in the treatment of diseases. whose diseases had not been removed by the rude art as practiced by man, sought in the distillation of nature's laboratory the cure they had not found elsewhere. And in the lapse of time certain experiments and theories were reduced to known facts; one of which, and that stands at the head, that mineral waters are particularly well adapted to the treatment of chronic diseases. In most cases the tangible effects of the waters, as purging and diuresis, was followed by prompt relief. Additional experience led to the knowledge that a more permanent relief was afforded by slower action, hence a smaller quantity introduced into the system, entering into the circulation as a new factor, gave slow but lasting tone to the system, and an alterative effect was obtained. The patient application of this class of waters is almost certain to relieve that class of cases depending upon indurated glandular structure, or condensed tissue non-malignant in character. The alkaline waters are supposed to be particularly well adapted to diseases of the liver, soda

bearing certain definite relations to the physiological action in its tendency to counteract the accumulation of fat in the system, and arresting the chemical action in the breaking up the starchy matters into grape sugar, thus holding in abeyance the tendency to diabetes. The alkaline saline, of which Karlsbad is the most pronounced type of therma springs, ranges in temperature from 90° to 260°. And although taken for a great variety of diseases and morbid conditions, the chemical analyses of the springs, nineteen in number, are the same, and the one or the other is recommended, the difference in temperature and quantity being the only difference in all the cases presented for treatment. notable and numerous are those with tumors, and the morbidly fat and plethoric. All forms of indigestion involving derangements of the liver, kidneys and intestinal tract, for malarial diseases and their varied sequences, nervous and uterine complaints, etc.

Both the hot and cold sulphur springs have a beneficial effect on a large class of diseases, as gout, rheumatism, disorders of the kidneys and bladder, considered almost as a specific in some forms of skin disease, and in secondary syphilis.

So far as possible it is desirable that our patients should be instructed as to the kind of spring water that will be most likely to meet the indications in the disease; for he may use the astringent when he needs the chalybeate, the ferruginous when he needs the alkaline, etc. To show him when the hot baths are contra-indicated, and to be avoided -as during febrile excitement, while there is fullness and tension of the head or chest, while there is constipation, with furred tongue and disordered digestion during periodic or continued fever, or inflammation of any of the deep viscera, or until the processes of digestion are completed. Proper dietetics, although bearing the closest relation to this subject does not come within the immediate scope of this article. Before closing this paper upon the uses of water in therapeutics, I wish to say a few words in relation to the Digitized by Google

hot-air and vapor baths met with in our cities. They belong to the luxuries for the luxurious and robust. They are justly popular and steadily growing in favor. They are. however, resorted to by people with all forms of disease both acute and chronic. There are few diseases to which these baths are not applied. Yet the same rule applies in greater force than in the hot bath of the springs. rheumatic patients are apt to have a more or less demaged heart; for him there is danger. The man with kidney degeneration is apt to have a congested brain and fatty heart. Those with feeble circulation and slow reaction should beware of both the hot room and the cold shower. The feeble on the shady side of sixty would do better to bathe at home. Notwithstanding the reiteration of the bath attendants that people do not take cold after these brths, it is not a fact. Their power to break up a cold or cut short an attack of rheumatism, is more than doubtful. Still their uses are many, and one in health who has not indulged in these baths knows little of how much he has missed.—The Sanitarian, New York.

TREATMENT OF INFANTILE CONVULSIONS.

BY DR. W. A. LEIGH, HIGHLAND. KAS.

There is no disease, perhaps, with which the Western practitioners have to encounter, that affords such unsatisfactory grounds for prognosis as does infantile convulsions. It is impossible to determine, from any of the symptoms which occur during the convulsive paroxysms, either its probable duration or ultimate result. The most violent paroxysm may cease within a short period, without any injury to the health of the child. In other instances the attack, apparently slight in its commencement, may destroy the child in a few hours; or, on the other hand, it may be the precursor of some serious affection of the brain, by which death is produced, or the mental and physical powers of the

patient impaired. I must confess that it is not, by any means, an easy matter to determine the cause of these convulsions in every instance. The exciting causes are numerous. They are often produced by the membranes of the brain becoming inflamed, and by abscesses, tumors, effusion of blood within the spinal canal, engorgement of the vessels of the brain, or something irritating the alimentary canal; but owing to the similarity of the symptoms in most cases, we can only by close observation arrive at a reliable conclusion.

The first object in the treatment of convulsions is to allay the spasm, and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and the best kind under the circumstances is a full dose of ipecac according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor oil; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat, while the feet are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advantage, although some practitioners prefer venesection or cupping, but to my mind, the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably increases the congestion. Some authors have advised the use of opium and blisters, but such remedies are extremely hazardous in very young

children. If the child is teething and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over the bowels should be kept regular by using mild aperients, and the most useful are moderate doses of rhubarb and potash, which, besides regulating the bowels, will act as a diuretic. Change of air and the use of small doses of chalybeates, along with light and nourishing food, will be very beneficial.

In giving a prognosis we must always have definite facts to go upon—we must know the real nature of the disease; the lesions presenting and the manner in which they have been produced. If the convulsions are long continued, or of frequent occurrence, and the child continues to be dull and heavy, with an anxious expression of countenance, there is reason to apprehend great danger, and it matters not how unsatisfactory it may seem, we must abstain from giving a favorable prognosis; but when the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon return, the case may be considered safe and a favorable diagnosis warranted.

[Address of Dr. G. Boyd, of Newton, Kansas, on his retiring from the Presidency of the South Kansas Medical Society, read before that Society, at Wichita, Kansas, November 13th, 1883.]

GENTLEMEN OF THE SOCIETY: It has been customary for the President, before retiring from his duties, to address you on some chosen theme. Perhaps it is a custom that in the present instance were better honored in the breach than in the observance.

However that may be, I have no desire to shrink from any duty entailed upon me while acting in the honored position of President of this Society, for the last time, and a kind word of encouragement may make our separation more ageeable.

There are times in every man's life when it is well for him to look back over the path he has traveled, to count his gains, to recall the difficulties he has overcome and see the advances he has made, and, by the retrospection, be encouraged and stimulated to new efforts in the future.

As a profession of art and science I claim that we are progressive. The law cannot in our time claim any particular pre-eminence over the past. It is a question whether our law, as a system of remedial jurisprudence and rule of property, equals that of the old Roman law.

Nor in the domain of theology have we any to equal the great names of the past, whose bodies have long since mold-dered back to their mother dust.

The past century, gentlemen, has been a fruitful one. Steadily from year to year the science of medicine has advanced in all her various departments.

As the result of this improvement, men live longer and in better health than in former times.

In our daily practice there is so much occurs to dishearten and dampen our spirits—difficulties arise in which the remedies of our art are doubtful,—difficulties arise in the way of making diagnosis, or, the diagnosis being clear, we know that we are unable to cure, and there is always more or less difference of opinion in regard to the virtues of this or that drug.

These facts may make the most sanguine of us despond at times.

But we ought not to despond. I believe in the power of the physician to treat disease successfully. Knowledge and experience will increase our confidence in the remedial power of our art, and the true life of a physician should be that of a student.

Having obtained this knowledge we will not need any high tariff legislating to enable us to compete with the little pill doctor, nor the doctor in petticoats,

As individuals we may to-day ask ourselves the question, "Have I made any advance in my profession the past year?" If our conscience says "yes," it is well, if "no," let us resolve anew and swear allegiance to the proud and time-honored profession of which we are members, that we will never cease or tire in the race for knowledge, and may the end be perfection.

In conclusion, gentlemen, allow me to thank you for the respect and courtesy shown me during the past year, and I trust that each member of this society will consider himself in duty bound to attend our meetings and labor in harmony for the growth and welfare of the Society.

Selections.

CONTINUED FEVER—PROBABLY TYPHOID.

PENNSYLVANIA HOSPITAL SERVICE—DR. LEWIS, FROM THE MEDICAL AND SURGICAL REPORTER.

Dr. McFarland presented to the class a young colored girl, in whom the diagnosis was in doubt. She entered the hospital in the third week of her sickness. There were no rosecolored spots; no epistaxis, the temperature ranged from 103° to 105° in the afternoons, there was bronchial irritation, she was delirious, and had diarrhœa. He believed it to be a case of typhoid fever. He laid stress upon the use of the thermometer in clinical medicine. He made this case the basis of some remarks on typhoid fever. lieves that there is no pathognomonic sign of this disease, that is to say, that all of the symptoms usually attributed to it, may occur in other diseased conditions, and vice versa. In malarial diseases the tongue is generally flattened out and flabby and it readily takes impressions from the teeth; that these indentations are produced by the teeth, is proven by the fact that they are absent where a tooth has been lost

This condition of the tongue he has never noticed in typhoid fever.

He deprecated the idea of endeavoring to cure typhoid fever; all you can do is to keep the patient alive until the poison wears itself out. In his early days he was taught by Professor Mitchell and Prof. Geo. B. Wood, that nitrate of silver and turpentine were the remedies par excellence, for typhoid fever; he tried these remedies, and while the disease did not quit, his patients did. In one case in which he used nitrate of silver and the patient continued to grow worse, his rival, "the old country doctor," was called in, and the patient got well, under the use solely of "Volatile Julip," composed of bicarbonate of ammonia, mucilage of gum acacia and cinna-This case opened his eyes, and thereafter he ordered his patients to put one drachm of turpentine in twelve ounces of gruel, and take a tablespoonful every hour; he thinks this gruel did more good than the turpentine. He , believes that when we become better acquainted with animal chemistry, we will discover some specific capable of destroying the activity of the typhoid poison. In most zymotic diseases, he believes that the germs introduced into the body proliferate and attain their full growth therein, and when given out are capable at once of producing a like disease, but in typhoid fever he believes that they do not attain their full maturity in the body, but are discharged imperfectly developed, and that they reach maturity outside of the body, in cess pools, dung heaps, etc.; hence, while most zymotic diseases are contagious, typhoid is only infectious. He does not believe that sewer gas can cause typhoid fever, but that it so enfeebles the system as to render it susceptible to the pernicious influence of the typhoid poison. He believes that there exists a poison for all life, and that in time we will discover a destroyer for the life of the typhoid cause. When called to a case of continued fever, if in doubt, he gives quinine for three or four days; if malarial, it is relieved; if typhoid, it is not; in the latter event he then orders ten drops of diluted muriatic acid, with two grains of chlorate of potash

every two hours. He gives milk, systematically, every two hours, and does not allow it to be sipped in the intervals, for if you put fresh milk on the top of that partially digested, you are apt to cause fermentation and bad results. If, after awhile, the pulse becomes weak and rapid, he uses alcohol, according to indications, but not digitalis, which, under such circumstances, he does not regard as a heart tonic, but thinks rather that it tends to paralyze the heart.

ROAST FISH.

The lecture on "Fish and Food," given by Sir Henry Thompson at the Fisheries Exhibition, has now been reprinted, and takes its place as the most important and generally useful of the numerous pamphlets on sale at the Exhibition. Sir Henry's instructive remarks on the constituent elements of fish as affecting its nutritive qualities, his suggestions as to the people for whom a fish diet is desirable, and his review of the various kinds of fish available to the inhabitants of Great Britain (including many which are at present little used), are all most interesting and suggestive. It is worth while to reproduce in his own words the practical suggestion as to a veglected mode of dressing fish with which the lecturer concluded. After stating that the bulk of fish is cooked either by broiling, trying or boiling, all of which methods, especially that of boiling, involve much waste of nutritive material, he continued:

"But I now desire to call your attention to another mode of cooking fish, which ought to be general, since it is applicable to all varieties, and has the advantage of retaining all the nutritive material, while the juices and characteristic flavor of the fish are preserved in a matter not attained by any other process. It consists in placing the fish, after the usual cleaning, entire, if of moderate size, say from a sole to a small turbot or dory, in a tin or plated copper dish adapted to the form and size of the fish, but a little deeper than the thickness of it, so as to retain all the juices, which by

exposure to the heat will flow out; the surface is to be lightly spread with butter, and a morsel or two added; the dish is then to be placed in a Dutch or American oven, or with some other screen to reflect the rays of heat, in front of a clear fire."

The lecturer here showed a suitable oven and dishes which had been made for him. The advantages of this method are that the fish is cooked entirely in its own juices, which are abundant, and form the best sauce, and that these juices, which contain much of the nutriment and much of the characteristic flavor, are saved and utilized; lastly, the direct action of the fire browning the surface of the fish, gives it that peculiar and appetizing flavor which is the especial charm of the "roast" and the "grill," and which is known to appreciative palates as "tasting of the fire."

"When served at the table the fish remains of course on the dish in which the cooking has taken place. The method is susceptible of innumerable variations to accommodate different tastes. Portions of fish prepared as fillets may be treated as well as entire fish; garnishes of all kinds, as shell fish, etc., may be added, flavoring also with fine herbs and condiments, according to taste. I may add that the process may be conducted in an oven where a clear fire is not to be had, which is then, of course, ordinary baking, but this dries the fish unduly; or the fish may be first placed in the oven and be finished before the fire, which is better. Cooked, however, as first described, such a fish may be welcome at any table; in preparing red mullett, for example, it is inimitable, and far better than any other mode for preserving their own rich gravy and admirable flavor. But the workingman also can thus advantageously cook before his kitchen fire, in a common Dutch oven, some fillets of plaice or skate with a slice or two of bacon; the dish to be filled or garnished with some previously boiled haricots, and by this means secure an economical and savory meal, which is in the highest degree nutritious."—The Caterer, in Sanitarian.

Reviews.

A Digest of Materia Medica and Pharmacy, forming a complete Pharmacopea for the use of Physicians, Druggists and Students. By Albert Merrell, M. D., Professor of Chemistry, Pharmacy and Toxicology in the American Medical College, St. Louis, Missouri. Philadelphia: P. Blackiston, Son & Co. Pp., 520; price, \$4.00.

To furnish a complete digest of the entire Pharmacopea and Materia Medica within the small compass of 500 pages must necessarily make the individual articles brief. Yet in this very feature of the book before us consists its value as a work of ready reference. The author has succeeded in as few sentences as possible to give all that it is essential to know about a given drug, when consulting a text-book for its scientific remedial value. The first part of the work, fifty-five pages, is devoted to pharmacy proper, and contains a concise abstract of the United States Pharmacopea.

Part second is devoted to materia medica, and arranged conveniently in alphabetical order, regardless of any other classification. The individual subjects are arranged under the following heads: Descriptive (in case of chemicals the composition and atomic weight are given) Tests: Preparation, Uses and doses. In a few instances, under the head of Uses, the author has departed from his customary brevity, as for instance, on page 254, where he quotes at length from Barthalow, Ringer and others, against the use, or rather abuse of mercury. This, perhaps, is pardonable when we remember that Dr. Merrell belongs to that class of physicians who style themselves eclectics. The work cannot, nor do we know that the author intends his work to, displace the regular text-books, from the one fact, if no other, that the physiological action of drugs have been entirely omitted,

without a knowledge of which there can be no rational understanding of their value in disease.

The book possesses a value besides its intrinsic worth, in that it is a collection from sources besides the U.S. Pharmacopea. Many drugs are described which are in use by physicians that are not official.

Printed on good paper in a clear and very readable text, the publishers have presented the book in a very creditable form.

The Electro-Osteotome, a new instrument for the performance of the operation of osteotomy, by Dr. M. J. Roberts, Professor of Orthopedic Surgery in the New York post graduates course, reprint Medical Record.

Diagnosis of Ovarian Tumors, by Edward Brock, M. D., St. Louis, Mo.

A Pessary for Vaginal Crystocele, by S. S. Todd, M. D., Kansas City.

We believe it was Professor Goodell who made the remark that to become a full-fledged gynecologist one must invent a pessary. If Professor G. is correct we see now nothing in the way for Dr. Todd to become famous.

BOOKS AND PAMPHLETS RECEIVED.

Extract from the evidence given before the royal committee on the practice of subjecting live animals to experiments for scientific purposes.

The uselessness of vivisection upon animals as a method of scientific research. By Lamson Tait, F. R. C. S.

Dr. Ben Taylor on vivisection.

Dr. Henry J. Bigelow on vivisection. Extract from the annual address before the Massachusetts Medical Society, January 7th, 1871.

All four from the American Anti-Vivisection Society.

Index to the Transactions of the American Medical Association, volume 1, to 33; compiled by W. B. Atkinson, Permanent Secretary, Philadelphia; press of W. T. Fell & Co.

Now that the transactions are being published in journal form a general index to the entire set of thirty-three volumes will doubtless be of service particularly to such as possess the entire set complete.

World's Industrial Cotton Centennial Exposition, to be held at New Orleans, Louisiana, commencing the first Monday in December, 1884, and ending not later than May 1st, 1885, under the joint auspices of the United States of America and the National Cotton Planters' Association. We are in receipt of a copy of the general regulations and classification of subjects.

The Texas Courier, Record of Medicine, edited by F. E. Daniel, M. D., and W. B. Brooks, M. D., published at Fort Worth, Texas, by Drs. Daniel & Brooks. The November No. of this new candidate for professional favor is before us, and we take pleasure in welcoming it to our exchange table. Texas is a great State, has many physicians, and we cannot see that they can do any better than subscribe for the Courier.

Society Proceedings.

SOUTHEAST KANSAS DISTRICT MEDICAL SOCIETY.

The next semi-annual session of this society will be held at the city of Fort Scott, Kansas, on the second Thursday of January next, being the 10th day of the month. All regular physicians in good standing are invited to be present and become members. The following are the gentlemen

comprising the various committees which are expected to report:

GENERAL.

Practical Medicine—A. L. Fulton.

Obstetrics-J. B. Britton.

Surgery-G. R. Baldwin.

SPECIAL.

Continued Fever-C. E. Steadman.

Diseases of Children—W. H. Bell.

Uterine Displacement—G. W. Scholl.

Orthopedic Surgery-J. M. Kliser.

Diseases of the Eye-George W. Miller.

Cholera Infantum-I. N. Schell.

Diphtheria-M. Coryall.

Dysentery—J. S. Cummings.

It is to be hoped that all the gentlemen will take sufficient interest to not only be present but have their papers ready. The session will convene about 4 p. m.

F. F. DICKMAN, Secretary.

The South Kansas Medical Society met in Masonic Hall, Wichita, Tuesday, November 13th, 1883, at 10 o'clock a.m.

In the absence of the President, Dr. Emerson occupied the chair until the arrival of Dr. Boyd from Newton.

Members were present from Sumner, Cowley, Sedgwick, Harvey, Butler and Reno counties, and all were much interested.

Drs. Harris, Hill, Smolt, Russell, Goddard, Furley and Boyd presented papers, the latter being the address of the President for the past year, and was ordered printed.

Officers were elected for 1884.

Drs. Robertson, Coleman, J. A. Maggard, Shelly, McAdams and Miller were appointed to present papers at the next meeting.

The Society will meet in Wichita, Kansas, on the first Tuesday in May, 1884.

T. J. MILLER, Secretary.

Kansas and Mo. Valley Medical Index.

F. F. DICKMAN, M. D., EDITOR.
P. O, Box 1208, Fort Scott, Kansas,

Secretaries of Medical Societies will confer a favor by forwarding copies of proceedings of their respective Societies.

Interesting cases from Practice, Medical News and Notes, as well as Correspondence and Original Communications are solicited from all parts of the country.

Editorial Department.

VOLUME IV. NO. 12.

With the present number closes the fourth volume of the INDEX, and to follow a custom or common practice we suppose it would be in order to rehearse our virtues and make promises for the future, however improbable they may sound; or, to use a common slang phrase, "we might blow our horn." But in taking a retrospective view we must admit that we have many shortcomings, so many in fact that our virtues, if we have any, are hidden from view.

We did not go to Egypt with the Pasteur committee; in fact we were not invited to go (our friends, of course, will understand that this is the only reason we did not go). We did not join our friend of the Bistoury in his fishing excursion among the Adirondacks, or we should have been able to discourse learnedly on the value of blood-letting. We are equally positive that, unlike another contemporary we have contributed nothing towards our knowledge of the bacaterian origin of disease, or the pathogenesis of

In fact the more we see of fever the less confidence we have in previously formed opinion regarding this point. The older we grow the more certain we grow in the conviction that in medicine all laws have their exception, and that in many, many instances, exceptions constitute the rule. Our endeavors, in fact, have not been in this direction. We are accustomed to look at the practical side of life rather, and are disposed to make the best of things as we find them in our humbler sphere. We can and have added words of cheer to the men who work so industriously with the microscope, and accord all honor to the Kechs, Pasteurs, etc. while admiring the gentlemen who can point out the bacaterian and name them, we are in danger of forgetting the Flints, Clarks, Loomises, Bartholows, Biglows, etc., and a host of others of this and foreign countries, who work just as faithfully and industriously in their endeavors to find remedies to carry diseases to successful terminations, or to discovering antidotal remedies; as the former class, are to discover the cause and inaugurate preventive measures. Among the second class every practitioner who is at all interested in his work may be justly classed. To endeavor to furnish the advances in both departments has been our aim. Whether we have been successful, and to what degree, our readers are the best judges. We shall make no promises for the future, but shall do our best, in the hope that the new year may be prolific in the direction of new discoveries for the benefit of mankind.

Wishing all our readers a merry Christmas and a happy New Year, we close volume 4, 1883.

DOCTORS' SHORT-COMINGS.

Dr. Allbutt says: Our worst fault is that we are a somewhat touchy and jealous class, especially when compared with our cousins of the bar. Medical men are too often jealous of each other and tenacious of their own claims. We too rapidly assume property in patients. We forget the right of the sick man to consult whom he pleases; and

when he does so, we lack imagination enough to put ourselves in his place and make the necessary allowance. same lack of imagination often prevents us from putting ourselves in the place of a brother practioner who may have been called to one of our cases, and we give place to distrust and dislike. It is better to deal faithfully with so faithful a brother, and say what we can in mitigation of his charges, and in support of his suggestions for diminishing the little friction that jars with the general harmony and good will of the profession. It is difficult to draw any close comparison between men so differently situated as members of the bar and the members of our profession in general practice. The situation is different, and the power to-hurt a brother, as the temptation to do so, is different. The work of barristers is chiefly conducted with open mouth in open court. of medical men is private, almost secret. And in the privacy of a bed-chamber it is often more easy to kill a reputation that to save a patient. It may not be in any direct way or by any direct word, but by faint praise, or by a shrug of the shoulders or shake of the head. Unlike the bar we do not play with our cards above the table. In our more intimate work, it is terribly easy for one doctor, by little intangible tricks, to elbow out or depreciate another.

EDITORIAL PERISCOPE.

ON CERTAIN ABSCESSES OF THE NECK, WHICH MAY CAUSE SUDDEN DEATH, AND HOW TO TREAT THEM.

Dr. J. A. Liddell, in a very instructive article on this sub ject in the number of American Journal of the Medical Sciences for October, 1883, points out that sudden death may occur from deep-scated abscesses of the neck, or the continuance of life may be endangered much oftener than is generally supposed, and that these abscesses in the neck are more frequently attended with hemorrhages due to the open-

ing of important bloodvessels by ulceration or erosion, and by ramollisement consequent upon the disorders themselves. than abscesses in other surgical regions. The superior liability of cervical abscesses to the spontaneous occurrence of dangerous hemorrhage, arises in part from the greater number and importance of the cervical bloodvessels, but more particularly from the inanition and exhaustion, or low state of the constitutional powers, and consequent feebleness of the reparative forces, which rapidly result from most of the deep abscesses of the neck, or rather from the inability to swallow enough food to support life, and from the powerlessness to get any refreshing sleep, or even repose, with which these abscesses are oftentimes attended. The septic or toxemic influence of the fetid secretions and exudations which present themselves in the oral and faucial cavities in many instances, also aids materially to still further depress the patient, and weaken the reparative processes of his system. These deep-seated abscesses of the neck, when allowed to run their own course, do not exhibit any tendency to a spontaneous cure; but, on the contrary, they always tend to destroy life by burrowing, spreading, etc.; and Dr. Liddell shows the earlier they are laid open and evacuated, the better for both patient and surgeon.

As soon as the fluctuation is discerned, the abscess cavity should, without delay, be freely laid open, the coagula turned out, the bleeding point or source of the hemorrhage brought distinctly into view, and the delinquent vessel itself should be ligatured on each side of the aperture in its walls. But should the ligatures cut through, the actual cautery must be applied to the bleeding point, the primitive carotid artery should be firmly compressed against the cervical vertebræ by the surgeon's thumb or fingers applied on the exterior part of the corresponding side of the neck, between the larynx or trachea and the inner border of the sternocleidomastoid muscle, with force enough to press the artery backward and inward against this vertebræ, and flatten it thereon. Should this procedure fail it will be advisable, especially in cases where the bleeding proceeds from tonsillary abscesses, to ligature at once the primitive carotid artery.

EXCISIONS OF THE TARSUS, WITH A REPORT OF TWO SUCCESSFUL REMOVALS OF THE ENTIRE TARSUS.

In cases of tarsal disease, amputation through the leg or at the ankle has been and still is regarded by surgeons generally as much to be preferred to any more conservative Such operation, it is claimed, is less likely to be followed by death from septic infection, or as the result of protracted and profuse suppuration, and leaves the patient in a better local condition, more able by the aid of an artificial limb to move about and earn a livelihood. But there have been reported from time to time, especially during the last twenty years, cases of extensive formal excisions, the history and end-results of which compel a reconsideration of the alleged dangers and disadvantages attending an attempt to remove the diseased and preserve the healthy part of the Dr. P. S. Connor, of Cincinnati, in the October issue of The American Journal of the Medical Sciences for the current year, has undertaken this task, and his collated all the reported cases.

The three questions he considers are:-

- 1. Is excision a safe operation, or at least attended with no greater mortality than the alternative amputation?
- 2. Is it likely to put an end to the disease, or is recurrence of the morbid process in the unremoved bones of the foot to be expected?
- 3. Will the patient, after recovery from the operation, be left with a serviceable limb?

As respects the preservation of life, he finds that excision of the who'e tarsus, or one of its great divisions, is not much, if any, more dangerous than an ankle joint amputation, and not very much more so than a middle tarsal operation. It has, moreover, the advantage of permitting, if necessary, of the subsequent removal of the foot, which, in the cases tabulated, was performed seven times with but a single resulting death.

That the disease is very unlikely to reappear is shown by the fact that in only three cases did such recurrence take place. This fact, however, is not so strange as it may at first seem, as it is in direct accordance with the recognized law that the more thorough the removal of diseased bone, the less will be the likelihood of a relighting up of the bone inflammation.

By far the most important question of the three proposed is that which has reference to the functional value of the saved foot. He holds that its usefulness is likely to be sufficiently great to warrant the taking of a somewhat increased risk of life, and in subjecting the patient to the necessarily much greater duration of the period of healing—a period that, though it may be as short as four weeks, may occupy more than twice as many months, or even half as many years.

Of the 108 cases tabulated by Dr. Connor, 10.18 per cent. resulted fatally. Of the 95 cases the end-results of which are known, 10.53 per cent. were failures; 6.32 per cent. left the subjects of them able to walk with a cane or crutch; in 24.21 per cent. there was, after complete consolidation had taken place, no pain nor tenderness, little or no limp, and the individuals were not prevented by the condition of the foot from earning a livelihood; and in 47.37 per cent. the result was so good that the gait was not a bad one, the support of the body was firm, and the locomotion was so easy and perfect that the individual could, without special fatigue, walk long distances, even twelve to fifteen miles per day.

TAIT'S OPERATION.

Dr. W. T. Lusk presented specimens and related a case as follows: The patient was sent to the hospital by Dr. Buchanan Burr, with a message that hers was "a good case for Tait's operation." She was twenty-four years of age, had been married four years, was sterile, had previously always been well, and had menstruated regularly and without pain. Within a year past she had begun to suffer from paroxys-

mal pains, commencing on the left side of the pelvis, and extending upward across the abdomen and down the left The pains were excessively severe, came on suddenly. lasted for several hours, and then entirely disappeared: the pitient would feel that she was entirely well, when another paroxysm would occur before the lapse of twenty-four hours; they usually came on at night. Dr. Lusk, on examining her, found a tumor extending across the left half of the pelvis. and having its origin behind the uterus. There seemed to be obscure fluctuation; the consistence of the tumor enabled him to exclude fibroids; the absence of tenderness made it almost absolutely certain that it was not the result of pelvic cellulitis. The diagnosis then lay between a dilated Fallopian tube and a small ovarian cyst. The fact that the tumor was firmly adherent rendered ovarian cyst doubtful; in that case adhesions rarely formed while the cyst was small. On the other hand it seemed impossible that the Fallopian tube could have attained to the apparent dimensions of the tumor. The patient was kept in the hospital a month, to make sure that the pains were not hysterical, and that the tumor was not diminishing. As no relief was afforded, however, the patient was informed of the risks of an operation. and of the possibility of failure to produce relief. cluded to have it done. An incision two inches and a half in length was made, the finger introduced, and the tumor recognized to be a dilated Fallopian tube. The extremity lay directly benind the uterus, and was firmly adherent to that organ. The entire tube, thus bent upon itself, filled the left side of the pelvis, and was, throughout its entire extent, adherent to the pelvic floor. The adhesions were separated with difficulty with the fingers. It was necessary to increase the abdominal opening to four inches in length before the tumor could be withdrawn. The appearance was very much like that of large intestine, and its true nature was determined beyond doubt only after careful inspection. Sponges were packed into the cavity where the tumor had lain to absorb the slight amount of oozing that was taking

place. A ligature was applied around the pedicle, and the tube removed. All bleeding had ceased when the abdominal wound was closed. The patient made an excellent recovery, no untoward symptom having developed; pain had since entirely disappeared. The origin of the trouble in the first place could not be explained; the patient had previously been healthy, had never suffered from pelvis peritonites nor cellulitis, nor had she had venereal disease. There was said to be consumption in the family. The diseased tube contained pus; the other was healthy, and was not interfered with.—New York Medical Journal.

DECOMPOSED ANIMAL MATTER IN DRINKING WATER.

There are many questions in regard to the etiology of disease with reference to which we have only the vaguest knowledge and crudest impressions. One of the points which has been generally regarded as fully established is that the use, even for a brief period, of drinking water contaminated by decomposing organic matter, and especially decomposing animal matter, is almost sure to engender serious febrile diseases.

As bearing upon this subject in a manner contrary to what would be naturally expected, we note a case reported by J. C. McKee, M. D., Surgeon U. S. A., in the New York Medical Journal, Nov. 3, '83. He states that the water supply of the officers' quarters and soldiers' barracks at Fort Winfield Scott is derived from a double water tank on the cliff, to which the water is forced by a pump from a spring. For some weeks complaint has been made that the water tasted and smelled bad. The tank was closely covered, and it was at first thought to be impossible that anything could have got into it. However, on investigation, it was found that there was floating upon the surface of the water the body of a polecat or skunk, in a state of advanced decomposition, the animal having doubtless crawled in through the three inch waste pipe, and drowned in the water of the tank.

Of course it was impossible to tell how long a time this decomposing carcass had lain in the water. In spite of the nauseous odor and taste of the water, which had been used by several hundred men, women and children during a period of some weeks, at any rate, no case of illness occurred which could in any way be referred to the water.

Dr. McKee raises the query whether the poison was not in this case too overpowering to obtain a lodgment, when a milder poison would have been more insinuating and permanent. As to that, it might be remarked that a few years ago, when the old reservoir on North Market Street, in this city, was abandoned, a large number of dead animals and babies were found in the deposit at the bottom. In this case the quantity of water was so immense that no unpleasant odor or taste had been imparted to the water. It is simply an illustration of the statement with which we commenced, that in many respects our knowledge of the etiology of disease is exceedingly vague and crude.

Further, it should be borne in mind that the personal factor, the degree of susceptibility of the individual exposed, is quite as important as that which consists of external influences.—St. Louis Courier of Medicine.

STRANGULATED HERNIA.

Dr. Robert Abbe related the history of two cases in which he had recently performed kelotomy. The first case was in a boy of ten years. Symptoms of strangulation had existed for three days when the case was first seen. Taxis was tried, and it was at first thought that entire reduction had been effected. Closer examination, however, showed a small tumor in the groin which had not gone back. The symptoms persisted, and after waiting two days, during which time the temperature rose to 102° Fahr., he operated. Upon cutting down he found a bubonocele of about the size of a walnut. It was found necessary to slit up the whole inguinal canal before it could be reduced. The intestine was of a purplish color, but showed no signs of gangrene. About two ounces

of bloody serum were found in the sac, which was opened. Full Lister dressings were used in this case, and without any untoward symptoms the boy went on to a perfect recovery.

The second patient was a man of fifty-seven. Five days before coming under observation his hernia, an old one, had come down, and he was unable to reduce it. He took large doses of salts, castor oil, and other cathartics for three days, eating nothing meanwhile, growing steadily weaker, and vomiting frequently. The vomiting finally became stercoraceous. The patient walked into Dr. Abbe's office. The hernia was quite large, a left oblique inguinal, and descended into the scrotum a little distance. Taxis was tried for fifteen minutes without any benefit, and the man was sent home. A few hours later he was visited, with the intention of operating, but before this was done taxis was repeated for about fifteen minutes, but very carefully. Upon cutting down, a piece of intestine consisting of two coils was found, of a dark mahogany color, but not gangrenous in appearance. The finger could be passed quite easily within the neck of the sac. The constriction was found to be at the internal ring. This was divided, and reduction was easily accomplished. Before it was returned, the gut was noticed to be very much colder than the rest of this intestine, and it was thought that this cold body in the peritoneal cavity might have added to the shock which followed.

The thick sack was dissected off to make the operation a radical cure. The canal was closed with two deep silver sutures, and the integument by catgut, and a drainage-tube inserted.

The patient rallied a little after coming out of the anæsthesia, but then sank again and died, from shock, five hours after the operation. No autopsy was made. It occurred to the doctor that perhaps the repeated taxis had increased the shock. He should not employ it in another case of the same duration, for, had a slight ulceration at the neck been present, rupture of the intestine was almost inevitable, no matter how carefully taxis was made.—New York Medical Journal,

PREVENTIVE INOCULATION OF SCARLATINA WITH SCARLATINAL VIRUS DERIVED FROM A HORSE.

In the Gazette Medicale de Paris of September 29th, M. Stickler reports the result of some inoculations with nasal mucus of a horse suffering with an affection which was believed to be identical with human scarlatina.

M. Stickler inserted about six drops of this mucus under the skin of four rabbits and a dog. Twenty-four hours later these animals presented a decidedly confluent scarlatiniform exanthem, which terminated in four days in a lamelliform desquamation. This eruption was accompanied with fever, anorexia, and redness of the nasal mucous membrane, which was also the seat of an abundant secretion. In the neighborhood of the inoculation the glands were engorged. the end of eight days the animals had recovered. The daily examination of the blood showed an increased number of leucocytes, and, on the third day were noted little round, distinct granules adherent to the white globules, these had disappeared on the sixth day. Seven days later he injected under the skin of the same animals blood from a case of confluent scarlatina, and the inoculation was followed by no results.

Again, he inoculated with the same nasal mucus twelve children who had never had scarlet fever. In all of these children a punctiform eruption appeared within twenty-four hours, at the point of inoculations, accompanied with fever, and enlargement of neighboring glands. The eruption lasted six days, and terminated in desquamanation. After an interval of a few days, he inoculated the same children with some drops of scarlatinal blood, with absolutely negative results.

M. Stickler concludes from these experiments that the subcutaneous injection of scarlatinal virus derived from a horse is not followed by harmful results; that inoculation of this virus in man is followed by a circumscribed eruption like that observed in mild scarlet fever; and that this inoculation confers an immunity against scarlatina.